



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, L1K-0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, L1K-0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 11, 2014	2014_292553_0025	O-000626- 14	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

Long-Term Care Home/Foyer de soins de longue durée

REACHVIEW VILLAGE
130 REACH STREET, UXBRIDGE, ON, L9P-1L3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

MATTHEW STICCA (553), GWEN COLES (555), LYNDA BROWN (111), PATRICIA BELL (571), SUSAN DONNAN (531)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): July 28,29,30,31 and August 1,5,6, 2014

Log #O-000393-14 and O-000433-14 were inspected concurrently during the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with Residents, Residents' Council President, Families, Family Council Chair, Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Program Service Manager, Environmental Service Manager (ESM), Food Service Manager (FSM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Activation Aide, Dietary Aide, Environmental Worker, and a Cook.

During the course of the inspection, the inspector(s) toured the home, observed dining service, observed medication pass, reviewed resident health care records, reviewed resident council and family council meeting minutes, reviewed the homes policies on skin and wound care, immunizations of staff and residents, falls prevention and management, the management of concerns complaints and compliments, cleaning regime for washrooms, tub rooms and showers, prevention of abuse, and admission process.

The following Inspection Protocols were used during this inspection:



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Accommodation Services - Housekeeping
Admission and Discharge
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that a verbal complaint made by Resident #26 regarding missing money was investigated.

A review of MDS data indicated Resident #26 is cognitively intact.

During an interview, Resident #26 indicated that money went missing from a nightstand drawer located in Resident #26's room on three occasions over the past several months. Resident #26 stated that on these occasions either a five dollar bill or ten dollar bill was taken. Resident #26 cannot remember the specific times but does remember reporting it to staff on each occasion.

Staff #118, 119, and 109 were interviewed.

-Staff # 118 indicated that Resident #26 had reported missing cash. Staff #118 cannot recall how much or when this occurred but does recall reporting it to "someone".

-Staff #119, also indicated that Resident #26 had reported five dollars missing. Staff #119 indicated that this was reported to the Registered Practical Nurse on shift that evening.

-Staff #109 indicated that Resident #26 had reported money missing around the resident's birthday. Staff #109 helped the resident look for it but was unable to find any money, and reported the incident to a registered staff but cannot recall the name of the registered staff.

In an interview with the Executive Director and the Director of Care, they indicated that neither were aware of Resident #26 complaining about missing money.

After review of Resident #26's Clinical record for a specified time frame and the homes complaint log book, there was no evidence of a complaint log or any investigation into any incidents of missing money for Resident #26. [s. 101. (1) 1.]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that shall ensure every written or verbal complaint made to the licensee or a staff member concerning the operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10 r. 129(1) (ii) that drugs are stored in an area or a medication cart that is secure and locked.

During observation, it was noted that resident prescribed treatment medications were observed on Personal Support Worker supply carts unlocked and unattended in the communal male resident restrooms and in the Cardinal Court tub room. An example of some of the treatment creams left unlocked and unattended were 2 containers of Canesten cream, Cyclocort cream 0.1% and Clotrimazole 1%.

An interview with Staff #100 confirmed that prescribed topical treatment medication are to be locked in the medication room.

In an interview with the Director of Care, it was confirmed that prescribed topical treatment medications are to be safely and securely locked. [s. 129. (1) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that will ensure that, (a) drugs are stored in an area or a medication cart, (ii) that is secure and locked,, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference



Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,**
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).**
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).**
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).**
-

Findings/Faits saillants :

1. The licensee failed to ensure that, (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and (c) a record is kept of the date, the participants and the results of the conferences.

Interview conducted with Power of Attorney (POA) for Resident #30 reported that they have not participated in any care conference since Resident #30 was admitted. Review of clinical records found an admission care conference was completed and there was documented evidence to show that Resident #30's POA was involved. No evidence was found regarding annual care conferences being conducted since admission. Interview conducted with Staff #110 confirmed there is no documented evidence of annual care conferences being conducted for Resident #30. Staff #110 reported a care conference is being schedule for this calendar year and the POA has been contacted. [s. 27. (1)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
- (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**
-

Findings/Faits saillants :

1. The licensee failed to ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Resident #25 was observed on 3 days during course of inspection with an alteration in skin integrity that was covered with a clear topical dressing. Staff #103 confirmed that Resident #25 had an alteration in skin integrity and reported Resident #25 should have a wound observation sheet completed and when the dressing is changed, it would be recorded on treatment administration record (TAR).

Interview with Staff #103 who reported, any issues related to skin integrity were noted by PSW's on bath days and reported to the registered nursing staff for assessment. The registered staff would complete an initial wound assessment - treatment observation form documenting the skin integrity issue, and also document in the progress notes in point click care (PCC) and under the Assessment tab related to skin. Review of the chart by Staff #103 found no records of skin integrity issues. Interview with Staff #100 who reported expectation for PSW to check skin integrity weekly on bath days; document in point of care (POC) and report issues with skin integrity to unit RPN for assessment. The registered staff follows the licensee protocols for skin tears, documents under Assessment Tab PCC - Skin, and writes a progress note. If a registered staff applies a dressing, it is noted on TAR and changed



every 3 days

Review of progress notes for a specified time frame found no documentation related to an alteration in skin integrity for Resident #25. Review of Treatment Administration Record (E-Tar) for the same specified time frame found no evidence related to an alteration in skin integrity. Review of Assessments in PCC for a specified time period found no evidence of skin assessment using a clinical assessment tool completed. No evidence was found in the Care Plan related to skin integrity issue and subsequent skin monitoring. [s. 50. (2) (b) (i)]

2. Resident #6 was observed during the course of the inspection to have an alteration in skin integrity that was covered with a transparent dressing.

Review of Resident #6's plan of care indicated that Resident #6 is at risk for altered skin integrity.

Interview with RPN #103 indicated that Resident #6 has a tegaderm absorbent applied to a specific area related to an alteration in skin integrity, however RPN #103 was unable to locate any current clinical documentation to support the use of the tegaderm absorbent or the monitoring of Resident #6's altered skin integrity.

Interview with RN #116 confirmed that there is no current clinical documentation that supports the use of the dressing, when the dressing was applied, last changed and any subsequent monitoring required for Resident #6's area of altered skin integrity.

Review of progress notes from a specified time period:

No indication in progress notes as to when the alteration in skin integrity first appeared on Resident #6, and when the dressing was applied and or changed.

Review of Head to Toe Assessment Tools for Resident #6:

No indications of any alteration in skin integrity have been documented on any of the tools. [s. 50. (2) (b) (i)]

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council



Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee failed to respond to the Resident Council in writing within 10 days of receiving the advice of concerns or recommendations related to the home's operation.

Review of Resident's Council meeting minutes indicated residents reporting too much pudding on the menu; requesting calories for each meal posted; and finding washrooms being left untidy. Interview conducted with the Executive Director reported there is a process in place for the management team members to respond in writing to the Resident's Council related to issues regarding operation of the home by completing a Residents' Council Concerns Form. The Executive Director could not provide any documentation related to a written response regarding to issues related to the home's operation, specifically amount of pudding on the menu, calories posted or tidiness of washrooms. [s. 57. (2)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following:

s. 78. (2) The package of information shall include, at a minimum,

(a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)

(b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)

(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)

(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)

(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive



complaints; 2007, c. 8, s. 78 (2)

(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)

(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)

(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)

(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)

(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)

(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)

(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)

(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)

(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)

(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)

(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)

(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :



1. The licensee failed to provide a disclosure of any non-arm's length relationships that exist between the licensee and other providers who offer care, services, programs or goods to residents within the home's admission package.

Review of the LTCH Licensee Confirmation Checklist: Admission Process form that outlines admission package requirements that was completed by Staff #110, section 2. j. viii which is "Disclosure of any non-arm's length relationships between the licensee and other providers who offer care, services, programs or goods to residents" The checklist requests the licensee to check either "yes" or "no" and section 2. j. viii was marked as a "no". In speaking with Staff #110, they indicated that within the admission package the home does not disclose this information, rather there is a corporate policy that the home follows to address this concern. Staff #110 stated that currently within the home there are no non-arm's length relationships between the licensee and other providers who offer care, services, programs or good to residents.

In review of the home's admission package, there was no evidence of disclosure of non-arm's length relationships or an outline of the process in which the home would disclose such a relationship if they were occurring within the home. [s. 78. (2) (n)]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee failed to seek the advice of the Residents' Council in developing and carrying out the survey, and in acting on its results.

Interview with Resident Council President reported that Resident Council was not included in the development of the satisfaction survey. Interview conducted with the Executive Director who reported that the satisfaction survey is developed corporately by a third party for use in all homes and does not include input from the Resident Council. The Executive Director reported that in 2014 the corporation plans to solicit input from the Resident Council in the development of the satisfaction survey. [s. 85. (3)]

2. The licensee failed to seek the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

Interview with Family Council Representative reported that Family Council was not included in the development of the satisfaction survey. Interview conducted with the Executive Director who reported that the satisfaction survey is developed corporately by a third party for use in all homes and does not include input from the Family Council. The Executive Director reported that in 2014 the corporation plans to solicit input from the Resident and Family Council in the development of the satisfaction survey. [s. 85. (3)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The licensee failed to ensure that all staff participate in the implementation of the infection prevention and control program.

During the dining room observation, Staff # 117 was observed coughing into their hands and then continuing to serve lunch without performing hand hygiene. [s. 229. (4)]

2. The licensee failed to ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

Inspector #111 interviewed Staff #105 who acts as the infection prevention and control lead for the home. Staff #105 indicated that the home's current practice for screening of Tuberculosis is to complete a 2-step Mantoux test.

Review of the homes policy "Infection Control-Screen for Tuberculosis" (LTC-I-110) dated Sept.2001) indicated residents admitted to the home will be screened for tuberculosis (TB) within 14 days of admission unless the results of a previous 2-step TB test are available. Resident with a history of a documented severe reaction after the TB test are considered positive and no further skin testing is recommended.

Review of immunization records indicated:

-Resident #41: admitted to the home had 2 step TB screen (step 1 given 3 days post admission & step 2 given 38 days post admission). This does not meet requirement of within 14 days of admission.

-Resident #43: admitted on to the home had 2 step TB screen (step 1 given 6 days post admission & step 2 given 19 days post admission). This does not meet requirement within 14 days of admission. [s. 229. (10) 1.]



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 11th day of August, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs