



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

**Rapport d'inspection
révisé le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

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

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

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Dates of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 11-13, 17-19, 25-27, 30-31 & June 1-2, 2011	2011_128_2662_09May144519 2011_115_2662_01Jun113647 2011_135_2662_10May143512 2011_144_2662_11May102715	Annual –L-000737-11
Licensee/Titulaire Revera Long Term Care Inc., 55 Standish Court, 8 th Floor, Mississauga, ON L5R 4B2		
Long-Term Care Home/Foyer de soins de longue durée Versa-Care Elmwood Place, 46 Elmwood Place West, London, ON N6J 1J2		
Name of Inspectors/Nom de l'inspecteurs Ruth Hildebrand (ID #128), Terri Daly ID#115), Bonnie MacDonald (ID#135), Carolee Milliner (ID#144)		
Inspection Summary/Sommaire d'inspection		

Revised for Publication

The purpose of this inspection was to conduct an Annual inspection.

During the course of the inspection, the inspectors spoke with the Administrator, Director of Care, Assistant Director of Care, Nutrition Manager, Environmental Services Manager, Programs Manager, RAI Back-up Coordinator; Office Manager, 4 Registered Nurses, 7 Registered Practical Nurses, 10 Personal Support Workers/Health Care Aides, 3 Dietary Aides, 2 Housekeeping Aides, 2 Laundry Aides, the Restorative Care Aide, 40 residents and 6 family members.

During the course of the inspection, the inspectors conducted a tour of all resident areas and common areas, observed residents, observed the lunch meal on May 11, 2011 as well as a partial lunch meal on May 26 and 31, 2011. Partial afternoon snack was observed on May 27, 2011 and partial morning snack was observed on May 31, 2011. Medication administration was observed and residents' clinical records were reviewed. The inspectors reviewed admission and resident charges records, policies and procedures pertaining to the inspection, as well as minutes of meetings related to the inspection.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Housekeeping
- Accommodation Services - Maintenance
- Accommodation Services - Laundry
- Admission Process
- Continence Care and Bowel Management
- Critical Incident Response
- Dignity, Choice and Privacy
- Dining Observation
- Fall Prevention
- Family Council Interview
- Hospitalization and Death
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain Management
- Personal Support Services
- Prevention of Abuse and Neglect
- Quality Improvement
- Recreation and Social Activities
- Resident Charges
- Residents' Council Interview
- Responsive Behaviours
- Safe and Secure Home
- Skin and Wound Care
- Snack Observation
- Sufficient Staffing

Findings of Non-Compliance were found during this inspection. The following action was taken:

17 WN
7 VPC
2 CO: CO # 001 and 002

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN#1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 31(2)

The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.

Findings:

On May 30, 2011, a review of the clinical record for a resident revealed there is not a physician's order for use of two bed side rails when the resident is in bed as confirmed through a review of the resident's plan of care.

On May 30, 2011 a staff interview was conducted with a Registered Practical Nurse and it was further confirmed that there is not a physician's order for use of two bed side rails when the resident is in bed.

Inspector ID #: 144

WN#2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, 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.

Findings:

On May 26, 2011, at 3:00 p.m., a staff interview was conducted with the Programs Manager to review the Residents' Council minutes of January 11, 2011. It was noted council members expressed concerns related to the home's first floor dining room. The Program Manager confirmed the written response from Dietary regarding those concerns was made available to the Residents' Council on April 12, 2011.

On May 26, 2011, at 3:45 p.m., a staff interview was conducted with the Nutrition Manager to review the Residents' Council minutes of January 11, 2011. She confirmed that the Licensee did not respond in writing within 10 days to Residents' Council concerns of January 11, 2011, related to the dining room when the written response was provided to the Residents' Council on April 12, 2011.

Inspector ID #: 135

WN#3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 6(1)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. On May 26, 2011, at 11:08 a.m., the plan of care for a resident was reviewed to determine whether it provides clear direction to staff related to oral care/dental care. The plan of care indicates that the resident requires assistance with personal hygiene and has upper and lower dentures. The Kardex states that the resident has dentures and daily oral care is needed and the written care plan states that the resident has dentures. The written plan of care does not provide clear directions to staff related to dental/oral care being required in the morning and evening.

On May 27, 2011, at 11:00 a.m., a staff interview was conducted with a Registered Nurse to determine how often dentures for residents are cleaned. She confirmed that the dentures are cleaned daily in the evening.

2. On May 27, 2011, at 3:24 p.m., the plan of care was reviewed for a resident who is at high risk for weight loss. Inconsistencies were noted throughout the plan of care and it does not provide clear direction to staff. The diet was changed by the Dietitian to Regular Diet, Puree texture, Honey thick fluids with High Energy High Protein Interventions, on May 27, 2011, at 6:56 a.m.

On May 30, 2011, at 9:20 a.m., the resident's plan of care was reviewed again and it was noted that the diet order was documented as Regular diet, minced texture with Honey thick fluids. The Diet Servery report indicated the resident was to be on a Puree diet with Honey thick fluids and did not indicate High Energy High Protein Interventions.

3. On May 30, 2011, at 1:40 p.m., a Personal Support Worker was interviewed and it was confirmed staff apply a denture adhesive to a resident's upper denture as the plate fits loosely around the gums.

On May 30, 2011 a review was conducted of the resident record and the progress notes for February 28, 2011 which confirmed application of the adhesive. The hygiene written plan of care for the resident does not provide clear direction to staff as it does not include application of the denture adhesive.

Inspector ID #: 128,135 and 144

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN#4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 6(7)

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

On May 27, 2011, at 3:24 p.m., the plan of care for a high risk resident was reviewed related to weight loss and dehydration. She/he was not provided care as set out in the nutritional plan of care including High Energy High Protein interventions as ordered by the Dietitian on May 27, 2011.

On May 31, 2011, at 9:00 a.m., the Nutrition Manager stated the home's High Energy High Protein intervention includes a high protein milkshake at morning snack and high protein milk at all meals. However, on May 31, 2011, at 10:15 a.m., during observation of morning snack service on first floor, a resident who required a Honey thick milkshake as per the High Energy High Protein intervention was not provided same. This was confirmed by a Personal Support Worker serving morning snack.

On May 31, 2011, at 12:00 p.m., partial lunch service was observed. It was observed that a resident who required Honey thick high protein milk as per the High Energy High Protein intervention was not provided same. This was confirmed by the Nutrition Manager, who was assisting to feed the resident his/her lunch.

On May 27, 2011, at 8:34 a.m., the plan of care was reviewed and it was noted that a nutritional plan of care stated a resident is at risk for constipation and bran is to be added to his/her cereal at breakfast and Honey thick prune juice is to be provided at breakfast on Mondays, Wednesdays and Fridays.

On May 27, 2011, at 8:35 a.m., and May 30, 2011, at 8:50 a.m., partial breakfast was observed in the first floor dining room. A resident did not receive the required Honey thick prune juice at either meal.

On May 30, 2011, at 8:50 a.m., it was observed that a resident did not receive bran for his/her cereal. This was confirmed by the Dietary Aide working in the first floor servery.

On May 30, 2011, at 10:40 a.m., a staff interview was conducted with the Nutrition Manager and she confirmed Honey thick prune juice was not on the special drink list to be made in the kitchen.

Inspector ID #: 135

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, to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN#5: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, 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.

Findings:

On May 26, 2011, at 4:40 p.m., a resident interview was conducted with a Resident Council member. She/he stated the Licensee did not seek the Resident Councils' advice in developing the Satisfaction Surveys that have gone out as of May 19, 2011.

On May 27, 2011, at 9:20 a.m., during an interview with the Programs Manager/Resident Council Assistant it was confirmed that the licensee did not seek the Resident Councils' advice in developing the Satisfaction Survey.

On June 1, 2011, at 10:15 a.m., during an interview with the home's Administrator, it was confirmed that the licensee did not seek the Resident Councils' advice in developing the Satisfaction Survey.

Inspector ID #: 135 and 144

WN#6: The Licensee has failed to comply with O. Reg.79/10, s. 91
Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

Findings:

On May 25, 2011, at 3:20 p.m., hazardous chemicals were found in a cupboard, in the unlocked first floor servery. A Dietary Aide who entered the servery, at 3:21 p.m., confirmed that the servery is not always locked.

On May 25, 2011, at 3:24 p.m., a staff interview was conducted with the Administrator to query the expectations related to chemicals being inaccessible to residents. The Administrator confirmed that the home's expectation is that chemicals are locked at all times.

Inspector ID #: 128

WN#7: The Licensee has failed to comply with O. Reg.79/10, 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.

Findings:

On June 1, 2011, the home's Long Term Care & Infection Control Program Manuals were reviewed and it was confirmed that the home's immunization policies do not include that residents will be offered the tetanus & diphtheria immunization.

On June 1, 2011, at 11:45 a.m., an interview was conducted with the Administrator & Director of Care who confirmed residents are not offered tetanus & diphtheria immunizations & the home does not have a current policy related to diphtheria & tetanus immunizations.

Inspector ID #: 144

WN#8: The Licensee has failed to comply with O. Reg.79/10, s. 229 (4)

(4)The licensee shall ensure that all staff participate in the implementation of the program.

Findings:

Staff did not implement the home's Infection Prevention and Control Program when the following were observed in resident care areas on first floor:

On May 25, 2011, at 3:25 p.m., soiled, unlabeled nail clippers and hair brush were observed in the first floor Tub room.

On May 31, 2011, at 1:45 p.m., an interview was conducted with the Director of Care regarding the home's Infection Prevention and Control Program. The Director of Care confirmed that the home's Equipment Cleaning policy # LTC-I-305, dated December 2008, was not followed related to cleaning of nail clippers and hair brushes, on May 25, 2011.

On May 25, 2011, at 10:30 a.m., unlabeled deodorant was observed in a resident's shared washroom, #104.

On May 31, 2011, at 1:45 p.m., a staff interview was conducted with the Director of Care regarding the

home's Infection Prevention and Control program. The Director of Care confirmed the home's labeling practice for personal hygiene items was not followed when resident's deodorant was not labeled by the Personal Support Workers upon resident's admission.

On May 27, 2011, at 2:10 p.m., during afternoon snack service on first floor, a Health Care Aide was observed serving cookies to residents with her fingers, without evidence of hand hygiene.

On May 31, 2011, at 1:45 p.m., an interview was conducted with the Director of Care regarding the home's Infection Prevention and Control Program. The Director of Care confirmed that the home's Hand Hygiene policy # LTC-I-280, dated March 2007, was not followed related to safe food handling during afternoon snack service May 27, 2011.

Inspector ID #: 135 and 144

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, to ensure that all staff participate in the implementation of the infection control program, to be implemented voluntarily.

WN#9: The Licensee has failed to comply with O. Reg.79/10, s. 24(9)

The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,
(a) the resident's care needs change.

Findings:

1. On May 31, 2011, the clinical record for a resident was reviewed and it was confirmed that the written plan of care was not reviewed & revised when the resident's care needs changed related to end of life goals & interventions.

On May 31, 2011, at 2:02 p.m., a staff interview was conducted with a Registered Practical Nurse to gauge her knowledge related to the care plan for a resident. She acknowledged that the "comfort care" plan of care had not been updated.

2. On May 27, 2011, at 3:24 p.m., the nutritional plan of care for a high risk resident was reviewed. It was noted that he/she was not reassessed nor was the nutritional plan of care revised for weight loss of 8.6 per cent in 3 months as of April 28, 2011. The resident was not reassessed nor was the nutritional plan of care revised for ongoing low fluid intake when resident's average daily fluid intake was 561 mls. /day, as observed in the home's documentation of the Nourishment and Meal consumption reports, May 12-25, 2011.

On May 31, 2011, at 3:25 p.m., during a staff interview, with the Dietitian, it was confirmed that a resident had not been reassessed nor the plan of care revised when resident's care needs changed due to ongoing weight loss and poor fluid consumption.

3. On May 30, 2011, at 1:55 p.m., during a review of a resident's health care record, the progress notes indicate a recent hospital admission resulting in a diagnosis of [REDACTED]. This diagnosis and potential change in condition and care needs are not reflected in the plan of care.

On June 1, 2011, at 10:45 a.m., during a staff interview with a Registered Practical Nurse she indicated that the process when someone returns from hospital is that they will be reassessed and the chart will be up dated as needed, including changes or a new diagnosis.

Inspector ID #:	128, 115, 135 and 144
Additional Required Actions:	
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152 (2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, to ensure that each resident is reassessed and the plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.</p>	

<p>WN#10: The Licensee has failed to comply with O. Reg.79/10, s. 26(3)</p> <p>A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:</p> <p>9. Disease diagnosis.</p> <p>18. Special treatments and interventions.</p>
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<p>Findings:</p> <p>1. On May 30, 2011, at 1:55 p.m., during a review of a resident's health records post hospital admission, it was noted that the plan of care has not been updated to reflect the May 8, 2011 diagnosis of choledocholithiasis.</p> <p>On June 1, 2011, at 10:45 a.m., during a staff interview a Registered Practical Nurse indicated that the process when someone returns from hospital is that they will be reassessed and the chart will be up dated as needed, including changes or a new diagnosis. She acknowledged that this was not completed for a resident.</p> <p>2. On May 26, 2011, at 11:08 a.m., the annual assessment, dated April 25, 2011, for a resident was reviewed to determine if an assessment had been completed related to a right hand contracture. The degree of contracture and associated pain or discomfort has not been assessed nor have interventions been put in place, except for range of motion exercises provided by physiotherapy.</p> <p>On May 30, 2011, at 10:00 a.m., a staff interview was conducted with the Restorative Care Aide to determine if a resident had been assessed and interventions put in place related to a right hand contracture. The Restorative Care Aide stated that the resident used to have a posey that he/she kept in his/her hand but he/she really didn't like it. "There are no other interventions in the care plan except the stretching three times per week but that probably isn't enough". She said that the home really needed to care plan for the contracture so that staff would know to use the posey and/or to have a splint for this resident.</p>
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Inspector ID #:	115 and 128
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<p>WN#11: The Licensee has failed to comply with O. Reg.79/10, s. 26(4)</p> <p>The licensee shall ensure that a registered dietitian who is a member of the staff of the home,</p> <p>(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and</p> <p>(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).</p>
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<p>Findings:</p> <p>On May 27, 2011, at 3:00 p.m., the nutritional assessments for a resident were reviewed to determine if his/her change in fluid status had been assessed by the Registered Dietitian. There was no evidence of an assessment by the Registered Dietitian despite poor fluid intake being identified by the Nutrition Manager in the quarterly assessment, dated April 18, 2011.</p>
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On May 27, 2011, at 12:20 p.m., the Nourishment Consumption Report and Meal Consumption Report # LTC-H-50, for a resident were reviewed. They showed that the average daily fluid intake from May 12-25, 2011 was 561 mls. /day or 37.4 per cent of his/her daily requirement of 1500 mls. /day.

On May 31, 2011, at 3:25 p.m., a staff interview was conducted with the home's Dietitian. She confirmed that a resident was not referred for assessment related to the significant change in his/her fluid status. The home's Hydration policy # LTC-H-130, dated Feb. 2011 indicates that residents with poor fluid intake of less than 1000 mls. in 3 consecutive days are referred to the dietitian for assessment.

Inspector ID #: 135

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 to ensure that registered dietitian who is a member of the staff of the home completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition, to be implemented voluntarily.

WN#12: The Licensee has failed to comply with O. Reg.79/10, s. 34(1)

Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

- (a) mouth care in the morning and evening, including the cleaning of dentures.

Findings:

On May 27, 2011, at 10:48 a.m., a resident interview was held with a resident to confirm how often his/her dentures are cleaned and if they had been cleaned that morning. Resident stated that the staff had not cleaned his/her teeth this morning and that staff only clean his/her teeth every night. Resident requires assistance to have his/her dentures cleaned.

On May 27, 2011, at 10:50 a.m., a staff interview was conducted with a Personal Support Worker to determine how often dentures are cleaned for residents and it was confirmed that the residents' dentures are cleaned each night. She stated "if we have time, sometimes we do them in the morning". She stated that the Activities of Daily Living flow sheets confirm that a resident's teeth are cleaned every night.

On May 27, 2011, at 10:55 a.m., a review of the resident record, for a resident was conducted to determine the frequency of denture cleaning. The Activities of Daily Living flow sheets indicate for May 24, 25 & 26, 2011 that resident had dentures in his/her mouth during the day shift and the letters RC were documented on the evening shift. The code for these letters stated R=removed and C=cleaned.

On May 27, 2011, at 11:00 a.m., a staff interview was conducted with a Registered Nurse to determine how often dentures for residents are cleaned. She confirmed that the dentures are cleaned daily in the evening.

Inspector ID #: 128

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 ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes mouth care in the morning and evening, including the cleaning of dentures, to be implemented voluntarily.

WN#13: The Licensee has failed to comply with O. Reg.79/10, s. 49(2)

Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

On May 30, 2011, at 12:14 p.m., the progress notes for a resident were reviewed to determine if there were notes regarding a post-fall assessment being completed related to the fall that resident reported that he/she had on [REDACTED]. The progress notes of [REDACTED], at 14:30 p.m. indicate that resident reported to staff that he/she slid off the side of the bed and fell to the floor the night before.

On May 30, 2011, at 3:35 p.m., a chart review was done to determine if a post-fall assessment was conducted using a clinically appropriate assessment tool for falls after a resident fell [REDACTED]. There was no evidence of an assessment in the resident record.

On May 31, 2011, at 10:00 a.m., a staff interview was conducted with a Registered Practical Nurse and she confirmed she was notified by staff that a resident had reported, on [REDACTED], 14:30 p.m. that he/she had fallen the night before. The Registered Practical Nurse confirmed that the resident had not been assessed using the home's Resident Fall Documentation form # LTC-N-75-10 as per the home's Falls Intervention Risk Management Program policy # LTC -N-75, dated May 2010.

On May 31, 2011, at 10:45 a.m., an interview was conducted with the Director of Care. She also confirmed that the resident had not been assessed using the home's Resident Fall Documentation form # LTC-N-75-10 as per the home's Falls Intervention Risk Management Program policy #LTC -N-75, dated May 2010.

Inspector ID #:	135
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WN#14: The Licensee has failed to comply with O. Reg.79/10, s. 69. 2

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

2. A change of 7.5 per cent of body weight, or more, over three months.

Findings:

On May 27, 2011, at 12:20 p.m., the Weights and Vitals Summary Report of April 28, 2011 for a high risk resident was reviewed and it was noted he/she had a weight loss of 8.6 per cent of body weight over three months.

On May 27, 2011, at 3:20 p.m., the nutritional plan of care for a resident was reviewed and it was noted that he/she was not assessed using an interdisciplinary approach, nor were actions taken or outcomes evaluated for weight loss of greater than 7.5 per cent of body weight, or more, over three months.

On May 31, 2011, at 3:25 p.m., during a staff interview with the home's Dietitian it was confirmed that a resident had not had a Nutritional Assessment related to ongoing weight loss.

Inspector ID #:	135
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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 to ensure that residents with weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated, to be implemented voluntarily.

WN#15: The Licensee has failed to comply with O. Reg.79/10, s.71(3)

The licensee shall ensure that each resident is offered a minimum of,
(b) between-meal beverage in the morning and afternoon and a beverage in the evening after dinner.

Findings:

On May 26, 2011, at 10:35 a.m., a resident who is at high risk for low fluid intake, was observed in the first floor TV lounge and it was noted that he/she was not offered a beverage at morning snack service.

On May 26, 2011, at 10:45 a.m. and 11:40 a.m., it was verified in resident interviews, with three other residents, in the TV lounge who stated they were not served a morning beverage.

Inspector ID #: 135

WN#16: The Licensee has failed to comply with O. Reg.79/10, s. 73(1)

Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Findings:

On May 27, 2011, at 12:20 p.m., the plan of care for a high risk resident was reviewed. The quarterly assessment, dated April 18, 2011, completed by the Nutrition Manager indicates that resident was assessed as having increased swallowing problems and the diet was changed to Honey thick fluids to assist with swallowing issues.

On May, 31, 2011, at 10:10 a.m., a high risk resident was observed at morning snack in the first floor lounge area. He/she was not safely positioned when a Personal Support Worker stood to feed resident Honey thick beverage, placing him/her at risk of choking.

Inspector ID #: 135

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 to ensure the home has a dining and snack service that includes, proper techniques to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.

WN #17: The Licensee has failed to comply O. Reg.79/10, s. 8(1)

Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

(b) is complied with.

Findings:

1. On May 27, 2011, at 3:00 p.m., the home's Nutritional Assessment and Care policy # LTC-H-10, dated February 2008, was reviewed to determine compliance with the LTCHA and Regulations. The policy states changes in resident's medical condition, nutritional intake and weight variances will be communicated to the

Food Service Manager/Dietitian using the Nursing Dietary Liaison form # LTC-H-80-05. The home's Nutritional Assessment policy was not complied with when a high risk resident was not referred to the home's Nutrition Manager/Dietitian for weight loss of 8.6 per cent in 3 months, as of April 28, 2011.

On May 27, 2011, at 9:00 a.m., the Nutrition Manager and on May 31, 2011, at 3:25 p.m., the Dietitian confirmed they had not received any Dietary Liaison forms for a resident for weight loss in 2011.

On May 27, 2011, at 12:20 p.m., in record review for a resident no Dietary Liaison forms # LTC-H-80-5 were found on the resident's chart.

2. On May 27, 2011, at 3:00 p.m., the home's Nutritional Care and Hydration policy # LTC-H-130, dated February 2011, was reviewed to determine compliance with the LTCHA and Regulations. The policy states Registered staff will complete the Nursing Dietary Liaison form # LTC-H-80-05 when a resident is consuming less than 1000 mls. /day for 3 consecutive days.

The home's Nutritional Care and Hydration policy # LTC-H-130 was not complied with when a resident was not referred to home's Dietitian for ongoing poor fluid intake, May 12-25, 2011.

On May 27, 2011, at 12:20 p.m., the Nourishment Consumption Report and Meal Consumption Report # LTC-H-50, for a resident, were reviewed. They showed that the average daily fluid intake from May 12-25, 2011 was 561 mls. /day or 37.4 per cent of his/her daily requirement of 1500 mls. /day as noted in her plan of care May 27, 2011.

On May 27, 2011, at 9:00 a.m., the Nutrition Manager and on May 31, 2011, at 3:25 p.m. the Dietitian confirmed they had not received any Dietary Liaison forms # LTC-H-80-5 for a resident for ongoing poor fluid intake in May 2011.

On May 27, 2011, at 12:20 p.m., it was observed through record review that there were no Dietary Liaison forms # LTC-H-80-5 on a resident's chart in 2011.

3. On May 27, 2011, at 3:00 p.m., the home's Medication/Treatment Use of Oxygen policy # LTC-G-230, dated September 2001 was reviewed to determine compliance with the LTCHA and Regulations. The policy states oxygen is checked at the beginning of every shift; checking for flow and level of oxygen in the tank. Signature on the Medication Administration Record is for the flow rate administered to the resident during that shift and is carried out by the registered staff.

On May 27, 2011, at 11:45 a.m., a record review for a resident was conducted and it was noted that he/she had a Doctor's order for Oxygen at 2 litres via N.P., continuous, as of [REDACTED]. It was determined that the home's Medication/Treatment Use of Oxygen policy # LTC-G-230 was not complied with when it was observed that there was no documentation in the Treatment Administration Record for flow or oxygen level checks for the period May 5 - 27, 2011.

On May 31, 2011, at 10:00 a.m., an interview was conducted with a Registered Practical Nurse and she confirmed that registered staff had not initialled the oxygen order, in the Treatment Administration Record, for each shift, for the period May 5-27, 2011.

4. On May 27, 2011, at 3:00 p.m., the home's Falls Intervention Risk Management policy # LTC-N-75, dated May 2010 was reviewed to determine compliance with the LTCHA and Regulations. The policy states if a fall has occurred, the registered staff will complete a Resident Falls Documentation form # LTC-N-75-10 and it will be kept with the multidisciplinary progress notes.

On May 30, 2011, at 3:35 p.m., a chart review confirmed that the home's Falls Intervention Risk Management

policy was not complied with as it was observed that a resident was not assessed using the home's Resident Fall Documentation form # LTC-N-75-10 when [redacted] fell [redacted]

On May 31, 2011, at 10:00 a.m., an interview was conducted with a Registered Practical Nurse who confirmed that a resident had not been assessed using the home's Resident Fall Documentation form # LTC-N-75-10 as per the home's Falls Intervention Risk Management Program policy #LTC-N-75, May 2010.

On May 31, 2010, at 10:45 a.m., an interview was conducted with the Director of Care who also confirmed the resident had not been assessed using the home's Resident Fall Documentation form # LTC-N-75-10 as per the home's Falls Intervention Risk Management Program policy # LTC-N-75, May 2010.

5. On June 1, 2011, at 2:15 p.m., the Oral Hygiene policy # LTC-F-35, dated July 2009, was reviewed to determine compliance with the LTCHA and Regulations. The policy states that residents with dentures are to be provided daily mouth care. This does not meet the requirement to ensure that each resident of the home receives mouth care in the morning and evening, including the cleaning of dentures.

On June 2, 2011, at 3:00 p.m., a staff interview was conducted with the Director of Care to determine if the Oral Hygiene policy was in compliance with the LTCHA and Regulations. She confirmed that the policy does not meet the new LTCHA and Regulations but she indicated that Corporate is working on new policies.

Inspector ID #: 128 and 135

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Orders of the Inspector" form.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

June 20, 2011



Title:

Date:

Date of Report: (if different from date(s) of inspection).



Orders of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Ruth Hildebrand Terri Daly Bonnie MacDonald Carolee Milliner	Inspector ID # 128 115 135 144
Log #:	L-000737-11	
Inspection Report #:	2011_128_2662_09May144519 2011_115_2662_01Jun113647 2011_135_2662_10May143512 2011_144_2662_11May102715	
Type of Inspection:	Annual	
Date of Inspection:	May 11-13, 17-19, 25-27, 30-31 & June 1-2, 2011	
Licensee:	Revera Long Term Care Inc., 55 Standish Court, 8 th Floor, Mississauga, ON L5R 4B2	
LTC Home:	Versa-Care Elmwood Place, 46 Elmwood Place West, London, ON N6J 1J2	
Name of Administrator:	Janet Groen	

To Revera Long Term Care Inc, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: LTCHA, 2007, S.O. 2007 c. 8, s. 6(1) The Licensee shall ensure that there are written plans of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 6(1)(c). Submit the plan to LondonSAO.moh@ontario.ca.			



Grounds:

1. On May 26, 2011, at 11:08 a.m., the plan of care for a resident was reviewed to determine whether it provides clear direction to staff related to oral care/dental care. The plan of care indicates that the resident requires assistance with personal hygiene and has upper and lower dentures. The Kardex states that the resident has dentures and daily oral care is needed and the written care plan states that the resident has dentures. The written plan of care does not provide clear directions to staff related to dental/oral care being required in the morning and evening.

On May 27, 2011, at 11:00 a.m., a staff interview was conducted with a Registered Nurse to determine how often dentures for residents are cleaned. She confirmed that the dentures are cleaned daily in the evening.

2. On May 27, 2011, at 3:24 p.m., the plan of care was reviewed for a resident who is at high risk for weight loss. Inconsistencies were noted throughout the plan of care and it does not provide clear direction to staff. The diet was changed by the Dietitian to Regular Diet, Puree texture, Honey thick fluids with High Energy High Protein Interventions, on May 27, 2011, at 6:56 a.m.

On May 30, 2011, at 9:20 a.m., the resident's plan of care was reviewed again and it was noted that the diet order was documented as Regular diet, minced texture with Honey thick fluids. The Diet Servery report indicated the resident was to be on a Puree diet with Honey thick fluids and did not indicate High Energy High Protein Interventions.

3. On May 30, 2011, at 1:40 p.m., a Personal Support Worker was interviewed and it was confirmed staff apply a denture adhesive to a resident's upper denture as the plate fits loosely around the gums.

On May 30, 2011 a review was conducted of the resident record and the progress notes for February 28, 2011 which confirmed application of the adhesive. The hygiene written plan of care for the resident does not provide clear direction to staff as it does not include application of the denture adhesive.

This order must be complied with by:	July 8, 2011
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Order #:	002	Order Type:	Compliance Order, Section 153 (1)(b)
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Pursuant to: O. Reg.79/10, s. 8 (1) The Licensee shall ensure that where the Act or Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee shall ensure that the plan, policy, protocol, procedure, strategy or system,

- (a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and
- (b) is complied with.

Order:

The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg.79/10, s. 8 (1)(a)(b). Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. On May 27, 2011, at 3:00 p.m., the home's Nutritional Assessment and Care policy # LTC-H-10, dated February 2008, was reviewed to determine compliance with the LTCHA and Regulations. The policy states changes in resident's medical condition, nutritional intake and weight variances will be communicated to the Food Service Manager/Dietitian using the Nursing Dietary Liaison form # LTC-H-80-05. The home's Nutritional Assessment policy was not complied with when a high risk resident was not referred to the home's Nutrition Manager/Dietitian for weight loss of 8.6 per cent in 3 months, as of April 28, 2011.

On May 27, 2011, at 9:00 a.m., the Nutrition Manager and on May 31, 2011, at 3:25 p.m., the Dietitian confirmed they had not received any Dietary Liaison forms for a resident for weight loss in 2011.

On May 27, 2011, at 12:20 p.m., in record review for a resident no Dietary Liaison forms # LTC-H-80-5 were found on the resident's chart.

2. On May 27, 2011, at 3:00 p.m., the home's Nutritional Care and Hydration policy # LTC-H-130, dated February 2011, was reviewed to determine compliance with the LTCHA and Regulations. The policy states Registered staff will complete the Nursing Dietary Liaison form # LTC-H-80-05 when a resident is consuming less than 1000 mls. /day for 3 consecutive days.

The home's Nutritional Care and Hydration policy # LTC-H-130 was not complied with when a resident was not referred to home's Dietitian for ongoing poor fluid intake, May 12-25, 2011.

On May 27, 2011, at 12:20 p.m., the Nourishment Consumption Report and Meal Consumption Report # LTC-H-50, for a resident, were reviewed. They showed that the average daily fluid intake from May 12-25, 2011 was 561 mls. /day or 37.4 per cent of his/her daily requirement of 1500 mls. /day as noted in her plan of care May 27, 2011.

On May 27, 2011, at 9:00 a.m., the Nutrition Manager and on May 31, 2011, at 3:25 p.m. the Dietitian confirmed they had not received any Dietary Liaison forms # LTC-H-80-5 for a resident for ongoing poor fluid intake in May 2011.

On May 27, 2011, at 12:20 p.m., it was observed through record review that there were no Dietary Liaison forms # LTC-H-80-5 on a resident's chart in 2011.

3. On May 27, 2011, at 3:00 p.m., the home's Medication/Treatment Use of Oxygen policy # LTC-G-230, dated September 2001 was reviewed to determine compliance with the LTCHA and Regulations. The policy states oxygen is checked at the beginning of every shift; checking for flow and level of oxygen in the tank. Signature on the Medication Administration Record is for the flow rate administered to the resident during that shift and is carried out by the registered staff.

On May 27, 2011, at 11:45 a.m., a record review for a resident was conducted and it was noted that he/she had a Doctor's order for Oxygen at 2 litres via N.P., continuous, as of [REDACTED]. It was determined that the home's Medication/Treatment Use of Oxygen policy # LTC-G-230 was not complied with when it was observed that there was no documentation in the Treatment Administration Record for



flow or oxygen level checks for the period May 5 - 27, 2011.

On May 31, 2011, at 10:00 a.m., an interview was conducted with a Registered Practical Nurse and she confirmed that registered staff had not initialled the oxygen order, in the Treatment Administration Record, for each shift, for the period May 5-27, 2011.

4. On May 27, 2011, at 3:00 p.m., the home's Falls Intervention Risk Management policy # LTC-N-75, dated May 2010 was reviewed to determine compliance with the LTCHA and Regulations. The policy states if a fall has occurred, the registered staff will complete a Resident Falls Documentation form # LTC-N-75-10 and it will be kept with the multidisciplinary progress notes.

On May 30, 2011, at 3:35 p.m., a chart review confirmed that the home's Falls Intervention Risk Management policy was not complied with as it was observed that a resident was not assessed using the home's Resident Fall Documentation form # LTC-N-75-10 when she fell [REDACTED].

On May 31, 2011, at 10:00 a.m., an interview was conducted with a Registered Practical Nurse who confirmed that a resident had not been assessed using the home's Resident Fall Documentation form # LTC-N-75-10 as per the home's Falls Intervention Risk Management Program policy #LTC-N-75, May 2010.

On May 31, 2010, at 10:45 a.m., an interview was conducted with the Director of Care who also confirmed the resident had not been assessed using the home's Resident Fall Documentation form # LTC-N-75-10 as per the home's Falls Intervention Risk Management Program policy # LTC-N-75, May 2010.

5. On June 1, 2011, at 2:15 p.m., the Oral Hygiene policy # LTC-F-35, dated July 2009, was reviewed to determine compliance with the LTCHA and Regulations. The policy states that residents with dentures are to be provided daily mouth care. This does not meet the requirement to ensure that each resident of the home receives mouth care in the morning and evening, including the cleaning of dentures.

On June 2, 2011, at 3:00 p.m., a staff interview was conducted with the Director of Care to determine if the Oral Hygiene policy was in compliance with the LTCHA and Regulations. She confirmed that the policy does not meet the new LTCHA and Regulations but she indicated that Corporate is working on new policies.

This order must be complied with by: July 8, 2011

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.



Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
 Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 Ministry of Health and Long-Term Care
 55 St. Clair Ave. West
 Suite 800, 8th floor
 Toronto, ON M4V 2Y2
 Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 55 St. Claire Avenue, West
 Suite 800, 8th Floor
 Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 23rd day of June, 2011.	
Signature of Inspector:	
Name of Inspector:	Ruth Hildebrand
Service Area Office:	London