



**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  
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Performance Improvement and  
Compliance Branch**

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**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 7, 2013	2013_183135_0053	L-000714-13	Critical Incident System

**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**

ELMWOOD PLACE  
46 ELMWOOD PLACE WEST, LONDON, ON, N6J-1J2

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

BONNIE MACDONALD (135)

**Inspection Summary/Résumé de l'inspection**



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 25, 2013.

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Registered Practical Nurse, Food Services Manager and Resident.

During the course of the inspection, the inspector(s) reviewed the critical incident, related internal investigation, resident clinical records, policies and procedures for Abuse and Neglect, Nutrition and Hydration and related staff training. Observations of residents were conducted in resident home areas.

The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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 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.

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

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,**
- (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**
  - (b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure resident was reassessed and the plan of care revised when care set out in the plan had not been effective nor were different approaches considered in the plan of care as evidenced by:

Medication Administration Record review for resident, revealed that resident was ordered supplement, to promote wound healing.

Record review revealed the resident had refused the supplement on 20 occasions, or 35% of the time.

In an interview with Registered Staff, it was confirmed resident had been refusing the supplement.

During an interview, the Director of Care confirmed her expectations that residents are reassessed and the plan of care is being revised when care set out in the plan has not been effective and different approaches be considered in the revision of the plan of care. [s. 6. (11) (b)]

***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 ensuring that residents are reassessed and the plan of care is revised when care set out in the plan has not been effective and different approaches be considered in the revision of the plan of care, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**



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**Specifically failed to comply with the following:**

**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 applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. The home failed to ensure that the plan, policy, protocol, procedure, strategy or system was complied with as evidenced by:

The home's Nutritional Food and Fluid Intake Monitoring policy, LTC-G-30 August, 2012 states the UCP (unregulated care providers) will inform the Nurse when prescribed supplements are refused or not consumed by the resident. The nurse will complete a Nutrition Referral form LTC-G-50-05, for referral to the Dietitian.

Medication Administration Record review revealed the resident was ordered a nutritional supplement, to promote wound healing.

Record review revealed the resident had refused the supplement on 20 occasions or 35% of the time.

In an interview the Nutrition Manager confirmed, there have been no Nutritional Referrals to the Dietitian when resident had consistently refused the nutritional supplement as prescribed.

During an interview the Director of Care confirmed her expectation that home's policy for Nutritional Referrals be complied with when residents are refusing or not consuming prescribed supplements. [s. 8. (1)]



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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 ensuring that the plan, policy, protocol, procedure, strategy or system is complied with when residents are refusing or not consuming prescribed nutritional supplements, to be implemented voluntarily.***

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Issued on this 7th day of October, 2013

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

*Bonnie MacDonald*