



**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**

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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>
May 6, 2013	2013_216144_0032	L-000205-13	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**

ROSE GARDEN VILLA  
350 DOUGALL AVENUE, WINDSOR, ON, N9A-4P4

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

CAROLEE MILLINER (144)

**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): April 30, 2013.

During the course of the inspection, the inspector(s) spoke with one resident, the Administrator, Director of Care, Restorative Care Manager, one Registered Practical Nurse and two Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed one resident health care record, the home's Learning and Development Policy and the 2012 Safe, Ambulation, Lifting and Transfers education attendance record.

The following Inspection Protocols were used during this inspection:  
Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
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



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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.)

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

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**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).**

**Findings/Faits saillants :**



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1. The licensee did not ensure that their plan, policy, protocol, procedure, strategy or system was complied with when the plan of care related to transferring for one resident, was not followed.

- The plan of care identifies one resident as a two person transfer using a mechanical lift. One staff transferred the resident independently.
  - The home's Learning and Development policy identifies that front line staff will receive annual re-training in safe, ambulation, lifting and transfer techniques. Review of the 2012 annual education attendance list for safe, ambulation, lifting and transfers confirmed not all front line staff completed the re-training as required.
  - Four personnel confirmed all staff did not complete the re-training in 2012. [s. 8. (1) (b)]
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**Issued on this 6th day of May, 2013**

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

*CAROLEE MILLINER*