



**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**

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

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

**London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685**

**Bureau régional de services de  
London  
291, rue King, 4iém étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685**

**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Jan 8, 2014                                    | 2013_216144_0096                              | L-0001029- 13                  | Complaint  |

**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**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): December 23, 2013**

**During the course of the inspection, the inspector(s) spoke with the Director of Nursing and Personal Care, one Registered Practical Nurse and two Personal Service Workers.**

**During the course of the inspection, the inspector(s) reviewed one resident clinical record and the home policy related to Abuse or Neglect.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention**



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**Findings of Non-Compliance were found during this inspection.**

| <b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>   |   |
|---|---|
| <b>Legend</b><br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order  | <b>Legendé</b><br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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 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).**

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**Findings/Faits saillants :**

1. The licensee did not ensure 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 is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with.

Review of one resident clinical record confirmed a relative of the resident voiced concern to one registered staff that the resident telephoned him saying a staff member was rude to her and kicked her call bell under the bed. The relative also advised the registered staff that the call bell remained under the bed on his arrival to the resident's room on the same evening. A manager confirmed the family members concerns were not reported to the Director of Nursing or Delegate as outlined in the home Abuse or Neglect Policy. [s. 8. (1) (b)]

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**Issued on this 8th day of January, 2014**

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

*CAROLEE MILLINER*