



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

| Report Date(s) / Date(s) du rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Feb 15, 2018 | 2018_546585_0005 | 021256-17, 000831-18 | Complaint |

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

West Oak Village
2370 Third Line OAKVILLE ON L6M 4E2

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

LEAH CURLE (585), THERESA MCMILLAN (526)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 2, 6, 7, 8 and 9, 2018.

**Two complaint inspections were conducted during this inspection:
log #021256-17 regarding personal support services, nutrition and hydration,
accommodation services - housekeeping and continence care and bowel
management.**

log #000831-18 regarding staffing and personal support services.

**One onsite complaint inquiry was conducted during this inspection:
log #022157-17 regarding falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with residents, visitors,
personal support workers (PSWs), Registered Practical Nurses (RPNs), Registered
Nurses (RNs), dietary staff, the Food Service Manager (FSM), Environmental
Services Manager (ESM), Associate Directors of Care (ADOCs), Director of Care
(DOC) and the Executive Director (ED).**

**During the course of the inspection, the inspector(s) toured the home, observed
care and services provided by staff and others to residents, reviewed clinical
health records, relevant policies and procedures, cleaning schedules, staffing
schedules and staffing plans.**

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Nutrition and Hydration
Personal Support Services
Responsive Behaviours
Sufficient Staffing**



During the course of this inspection, Non-Compliances were issued.

3 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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).

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. 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).

Findings/Faits saillants :

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

As part of their infection prevention and control program, the home's policy, "Hand Hygiene - Index IPC2-O10.04", effective March 31, 2017, outlined when hand hygiene was to be performed, which included, but was not limited to: before, between and after activities that may result in cross-contamination. The policy also directed hand hygiene to be performed when direct care was being provided, also known as the "four moments of hand hygiene", which included: 1) before initial contact with the resident or resident environment, 2) before performing aseptic procedure, 3) after body fluid exposure risk; and 4) after resident or resident environment contact.

On an identified date in February 2018, Personal Support Worker (PSW) #105 was observed providing afternoon snack and beverages to residents. During the observation, PSW #105 did not consistently perform hand hygiene when assisting residents with eating and drinking as well as after touching soiled dishes. PSW #105 was interviewed and reported staff were expected to perform hand hygiene between assisting residents with eating. The Director of Care (DOC) was interviewed and confirmed staff were expected to follow the home's hand hygiene policy and perform hand hygiene between contact with residents when providing assistance with eating and drinking.

This non-compliance was identified during the inspection of complaint log #021256-17.
[s. 229. (4)]



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

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(b) a between-meal beverage in the morning and afternoon and a beverage in the
evening after dinner; and O. Reg. 79/10, s. 71 (3).**

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).**

Findings/Faits saillants :



1. The licensee failed to ensure that each resident was offered a minimum of a between-meal beverage in the afternoon.

On an identified date in February 2018, PSW #105 was observed distributing the afternoon nourishment to residents. Resident #001 was observed in their room and PSW #105 passed by without offering the resident a beverage. Once the nourishment pass was completed, PSW #105 was interviewed and confirmed they finished distributing beverages and snacks. Long-Term Care (LTC) Homes Inspector #585 inquired whether resident #001 was offered nourishment and PSW #105 stated they forgot. PSW #107 proceeded to provide the resident with a beverage after LTC Homes Inspector #585 identified to staff that the resident was not offered a drink. Registered Practical Nurse (RPN) #103 was interviewed and confirmed resident #001 was supposed to be offered a between-meal beverage in the afternoon.

This non-compliance was identified during the inspection of complaint log #021256-17.
[s. 71. (3) (b)]

2. The licensee failed to ensure that each resident was offered a minimum of a snack in the afternoon.

On an identified date in February 2018, PSW #105 was observed distributing the afternoon nourishment to residents. Resident #001 was observed in their room and PSW #105 passed by without offering the resident a snack. Once the nourishment pass was completed, PSW #105 was interviewed and confirmed they finished distributing beverages and snacks. LTC Homes Inspector #585 inquired whether resident #001 was offered nourishment and PSW #105 stated they forgot. PSW #107 provided the resident a beverage; however, did not offer a snack. Review of the resident's plan of care did not provide indication that staff were not to offer a snack in the afternoon. PSW #107 was interviewed and reported they only provided the resident with a beverage; however, confirmed they should have offered a snack as well. RPN #103 confirmed resident #001 was supposed to be offered a snack in the afternoon.

This non-compliance was identified during the inspection of complaint log #021256-17.
[s. 71. (3) (c)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(c) a cleaning schedule for the food production, servery and dishwashing areas.
O. Reg. 79/10, s. 72 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the home had and that the staff complied with a cleaning schedule for the food production, servery and dishwashing areas.

On an identified date in February 2018, servery areas in three identified home areas were observed. Dried debris build-up was observed underneath the stainless steel counter around the sink area adjacent to the dishwashers the three identified serveries. Dietary staff #116 and dietary staff #117 were interviewed and reported they did not clean the identified areas and confirmed the presence of debris buildup.

The Food Service Manager (FSM) was interviewed and reported the home had written procedures for daily cleaning tasks of the servery areas; however, daily tasks did not include cleaning underneath the counter. The FSM stated dietary staff were expected to clean the identified area once a week; however, confirmed as part of the home's nutrition care and dietary services program, there was no procedure within the program to verify the expectation for dietary staff to clean the identified areas at specified intervals.

This non-compliance was identified during the inspection of complaint log #021256-17.
[s. 72. (7) (c)]



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Issued on this 15th day of February, 2018

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

Original report signed by the inspector.