



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

Division de la responsabilisation et de la performance du système de santé
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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Jan 14, 2013, 2013_208141_0001, H-000998-12, H-002268-12, 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

WEST OAK VILLAGE
2370 THIRD LINE, OAKVILLE, ON, L6M-4E2

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

SHARLEE MCNALLY (141)

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): January 2, 3, 2013

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs)

During the course of the inspection, the inspector(s) reviewed resident records, home's policies and procedures, and home's investigative notes.

The following Inspection Protocols were used during this inspection:



Falls Prevention

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect



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Homes Act, 2007

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Loi de 2007 sur les foyers de
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Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee did not protect residents from abuse by anyone. In December, 2012 a staff member was witnessed to be physically and verbally abusive towards an identified resident. The actions and language caused the resident to be upset.
2. In December, 2012 an identified staff member was verbally abusive while providing care to multiple residents. The staff member was also physically aggressive while providing care to a identified resident causing the resident to become upset.
3. Multiple staff confirmed they had heard a staff member be verbally abusive in front of or towards residents and witnessed the staff person being physically abusive towards residents prior to December 2012. [s. 19. (1)]

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 residents are protected from abuse by anyone, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :



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1. The licensee did not ensure that the policy in place to promote zero tolerance of abuse and neglect of residents was complied with. The home policy and procedure "Resident Non-Abuse" (LP-B-20) defined physical abuse to include rough handling, and verbal abuse to include inappropriate tone of voice, abusive language, yelling, and swearing. The policy stated any employee or person who becomes aware of an alleged, suspected or witnessed resident incident of abuse or neglect will report it immediately to the Executive Director or the most senior Supervisor on shift at the time.

Multiple staff confirmed they had heard as staff member be verbally abusive in front of or towards residents and witnessed the staff person being physically abusive towards residents prior to December 2012. The staff confirmed they had not reported the allegations of abuse to the Executive Director or the most senior Supervisor.

2. In December, 2012 a staff member was witnessed to be physically and verbally abusive towards an identified resident by another staff member. The staff member who witness the abuse confirmed they did not report the incident of alleged abuse to the Executive Director immediately. . [s. 20. (1)]

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 policy in place to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :



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1. The licensee did not ensure that staff used safe transferring and positioning devices or techniques when assisting residents.

An identified resident was transferred by sit/stand lift with the assistance of one staff in December, 2012. The resident's plan of care stated the resident was to be transferred by the use of a sit/stand lift. The home's policy and procedure "No Manual Lift Standard Operating Procedures - LTC (HS16-O-12) stated two staff will always be present during the operation of the mechanical device, one staff acting as the leader and the other assisting with resident/client safety. The staff person who transferred the resident confirmed they did complete the transfer by sit/stand lift on this date without the assistance of another staff. [s. 36.]

2. An identified resident was observed to be up in a raised position while attached to a sit/stand lift with only one staff present. The resident's plan of care for toileting stated use sit/stand lift to safely transfer resident on and off the toilet. The home's policy and procedure " No Manual Lift Standard Operating Procedures-LTC" (HS16-O-12) stated two staff will always be present during the operation of the mechanical device, one staff acting as the leader and the other assisting with resident/client safety. [s. 36.]

Issued on this 14th day of January, 2013

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

A handwritten signature in black ink, appearing to read "Charles M. Palle".