



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

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Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 2, 2013	2013_208141_0021	H-002064-12	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): July 26, 29, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Assistant Director of Care (ADOC), RAI-MDS Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and resident.

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

The following Inspection Protocols were used during this inspection:



**Contenance Care and Bowel Management**

**Dignity, Choice and Privacy**

**Minimizing of Restraining**

**Personal Support Services**

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

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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. 3. Residents' Bill of Rights**



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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

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**Findings/Faits saillants :**

1. The licensee did not fully respect or promote resident #001 right to be cared for in a manner consistent with their needs.

A) The resident was observed by the inspector with a physical restraint applied while up in a wheelchair to assist with activities of daily living. The resident stated they were unable to move independently and the restraint was always in place when they were in the chair.

The resident stated that they were not positioned frequently enough when up in the wheelchair to prevent pain and discomfort in their back and buttocks. The resident further stated they are up in the chair for an extended period of time each day.

The resident's written plan of care identified the staff to encourage the resident to request assistance and /or make use of bed rails for assistance when turning, however it also identified the resident was unable to physically move in bed due to physical limitations. The plan of care did not identify positioning needs when the resident was up in wheelchair.

Staff confirmed the resident was not repositioned when in the chair unless the resident requested to have the care completed.

B) The resident stated that when they required staff assistance to provide a care need staff took an extended period of time (up to 20 minutes) to respond to the call bell initiated by the resident. The resident further stated this became uncomfortable for them when they needed care related to continence needs.

Review of the Callpoint Detailed Activity Report for the month of July, 2013, identified the resident's call bell was not responded for 10 to 15 minutes on 15 occasions, for 15 to 20 minutes on two occasions, and for over 20 minutes on five occasions.

The DOC confirmed that response times over 15 minutes would be a concern. [s. 3. (1) 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 to ensure resident rights are fully respected and promoted including the right to be cared for in a manner consisted with his or her needs, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement**

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

**s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that a PASD described in subsection (1) was used to assist a resident #001 with a routine activity of living only if the use of the PASD was included in the resident's plan of care.

The resident was observed by the inspector with a physical restraint applied while up in their wheelchair. The resident stated they were up in the chair each morning for a minimum of four and a half hours and the restraint was always in place. The resident was also observed to be performing an activity of daily living. Staff confirmed the resident always had the restraint in place when up in the chair; the resident was unable to unfasten restraint, and the restraint was used for activities of daily living. The resident's plan of care did not include the use of a back fastening lap table to assist the resident with activities of daily living.

The documentation in the resident's records did not identify that alternatives to the use of a PASD had been considered and tried; that the use of the PASD had been approved by by a member of the team provided for in the regulations; and the PASD had been consented to by the resident. [s. 33. (3)]



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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 to ensure the use of PASD to assist a resident with a routine activity of living is included in a resident plan of care, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

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**Findings/Faits saillants :**

1. Resident #001, whose plan of care identified frequent bowel incontinence, did not have an individualized plan of care to promote and manage bowel continence. The resident's most current assessment dated June, 2013, stated the resident had a regular pattern of elimination but was frequently incontinent of bowels. The resident's current written plan of care stated the resident was not toileted and staff were to check with the resident and record when they had a bowel movement. The resident stated they were able to recognize the need to evacuate their bowels and would call for staff to assist them in order to complete the activity. Staff confirmed the resident did request the staff assistance when the resident had identified the need to have a bowel movement. The staff stated they would assist using specific individualized care identified for the resident. The staff also stated this was by resident preference. Neither the resident's assessments or plan of care identified the resident's ability to recognize the need to have a bowel movement or the actions in place to promote continence of the bowel. [s. 51. (2) (b)]



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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 to ensure each resident who is incontinent has a individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and the plan is implemented, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care  
Specifically failed to comply with the following:**

**s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,**

**(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).**

**(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).**

**(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).**

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**Findings/Faits saillants :**

1. Resident #001 did not receive oral care to maintain integrity of the oral tissue.

The resident's Physician Medication Review dated June 1, 2013 identified the resident was to have oral care three times daily.

The resident's plan of care and assessments did not identify the needs related to oral care including the frequency and assistance required.

The Point of Care (POC) documentation reviewed for 30 days did not identify that oral care was provided more than two times per day. The POC also identified the resident did self oral care 11 times although the plan of care stated resident was unable to participate in hygiene care and was totally dependent on staff. Staff confirmed that they had to complete hygiene care for the resident.

The resident stated they did not receive oral care consistently as required. [s. 34. (1)

(a)]



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Loi de 2007 sur les foyers de  
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Issued on this 2nd day of August, 2013

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

A handwritten signature in black ink, appearing to read "Shirley Murphy".