



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

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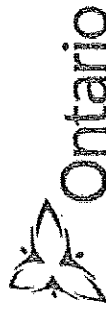
Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 17, 2014	2014_267528_0008	H-000360-13	Critical Incident System

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

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
CYNTHIA DITOMASSO (528)

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): February 26 and 27, 2014

This inspection was done concurrently with complaint inspection #2014_267528_0009 / H-000332-13

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Resident Services Coordinator (RSC), Registered Practical Nurses (RPN's), Personal Support Workers (PSW's), residents and families.

During the course of the inspection, the inspector(s) observed the provision of care, reviewed relevant clinical health records and policies and procedures, related to Log# H-000360-13.

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

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.
 - A. Resident #100 sustained a fall in May 2013 resulting in a transfer to hospital for treatment. Review of the plan of care showed the resident was treated and then re-admitted to the home with a fracture.
 - i. Resident's records did not identify a head to toe assessment and transfer lift assessment (SALT/TLC) were completed upon readmission. The home's "Admission Schedule Policy LTC-C-30-05", last revised August 2012, stated that upon readmission to the home: head to toe assessment, SALT/TLC assessment and Minimum Data Set (MDS) 2.0 assessment are to be completed as per guidelines. Interview with Director of Care (DOC) confirmed that the head to toe assessment and SALT/TLC were not completed for the resident's readmission to the home.
 - ii. The resident's records did not identify a Falls Risk Assessment Tool (FRAT) was completed upon readmission. The home's "Falls Interventions Risk Management (FIRM) Policy LTC-E-60-ON", last revised April 2013, outlined a FRAT is to be completed on Point Click Care (PCC) within 14 days of admission or when there has been a change in resident's health status. The DOC confirmed that a fracture is a significant change and that a FRAT was not completed for resident #100's re-admission/significant change. [s. 8. (1) (a),s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.



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Ontario

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Loi de 2007 sur les foyers de
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Issued on this 1st day of April, 2014

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

A handwritten signature in black ink, appearing to read "L. J. Masso".