



**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
Direction de l'amélioration de la
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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
Jul 8, 2015	2015_269597_0005	S-000756-15, S-000755-15, S-000754-15	Follow up

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

PINEWOOD COURT
2625 WALSH STREET EAST THUNDER BAY ON P7E 2E5

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

BEVERLEY GELLERT (597), JENNIFER KOSS (616), SHEILA CLARK (617)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): April 8, 9, and 10, 2015

The following Logs were inspected:

S-000754-15

S-000755-15

S-000756-15

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Practical Nurses, Personal Support Workers.

The inspectors also conducted resident care observations, family interviews, staff interviews and reviewed health care records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Minimizing of Restraining

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 26. (3)	CO #001	2014_246196_0017		617
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #002	2014_246196_0017		597
LTCHA, 2007 S.O. 2007, c.8 s. 6. (5)	CO #003	2014_246196_0017		616

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. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;
- and O. Reg. 79/10, s. 129 (1).
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

On April 8, 9 and 10, 2015, Inspector #617 observed prescription creams at the bedside of a resident. The health care record was reviewed and it was noted that the creams were not ordered to be kept at the bedside.

Three staff members were interviewed and reported to the inspector that resident prescription treatment creams are to be kept in a container in the care cart which is locked. The care cart is stored in the clean service room on the unit which is also locked. After the prescription creams were brought to the attention of staff, the creams were removed for proper storage. [s. 129. (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 drugs are stored in an area or medication cart that is secure and locked, to be implemented voluntarily.



**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home
Specifically failed to comply with the following:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following
rules are complied with:**

**2. All doors leading to non-residential areas must be equipped with locks to
restrict unsupervised access to those areas by residents, and those doors must
be kept closed and locked when they are not being supervised by staff. O. Reg.
79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas must
be equipped with locks to restrict unsupervised access to those areas by residents, and
those doors must be kept closed and locked when they are not being supervised by staff.

On April 8 and 10, 2015, several doors in the home that lead to non residential areas,
were found to be unlocked and unsupervised. Staff were interviewed and they confirmed
that these doors are required to be locked and they proceeded to lock the doors. [s. 9.
(1) 2.]

Issued on this 12th day of July, 2015

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

Original report signed by the inspector.