



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 30, 2015	2015_416515_0017	009217-15	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

McGARRELL PLACE
355 McGarrell Drive LONDON ON N6G 0B1

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

RAE MARTIN (515), HELENE DESABRAIS (615)

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): June 24, 25 and 26, 2015.

This complaint inspection is related to concerns documented in IL-38673-LO, IL-38595-LO and IL-38597-LO. This inspection was done concurrently with Complaint Inspection Log # 008237-15.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Assistant Director of Care, Resident Care Coordinator, Spiritual Care Coordinator, a Registered Nurse, two Registered Practical Nurses, four Personal Support Workers and a Resident.

The inspectors also toured two home areas and common areas, observed the identified resident and the provision of care and resident-staff interaction. The health care record and plan of care was reviewed, as well as the home's internal complaint log, internal communication records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Continance Care and Bowel Management
Medication
Minimizing of Restraining
Reporting and Complaints
Responsive Behaviours
Skin and Wound Care**

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

5 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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. 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).

Findings/Faits saillants :



1. The licensee has failed to ensure that the device that is used to assist the resident with a routine activity of living was included in the plan of care.

Throughout the inspection, an identified Resident was observed to be using an assistive device throughout the day.

A Registered staff member confirmed that the assistive device is used as a personal assistance services device (PASD).

A review of the Resident's plan of care revealed that there was no documented evidence in the care plan that an assistive device was used as a PASD. The observation was confirmed by a Registered staff member and the Director of Care.

The Director of Care confirmed that the home's expectation was that the PASD would be included in the resident's plan of care. [s. 33. (3)]

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 a PASD 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, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 111. Requirements relating to the use of a PASD

Specifically failed to comply with the following:

s. 111. (2) Every licensee shall ensure that a PASD used under section 33 of the Act,

(a) is well maintained; O. Reg. 79/10, s. 111. (2).

(b) is applied by staff in accordance with any manufacturer's instructions; and O. Reg. 79/10, s. 111 (2).

(c) is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 111 (2).



Findings/Faits saillants :

1. The licensee has failed to ensure that the assistive device was well maintained.

An observation revealed an assistive device used by an identified Resident was not functioning as intended.

A review of the Resident's clinical record revealed a progress note documented by a health care professional on an identified date indicated a specific adaptation for the assistive device was made.

The Director of Care and the Assistant Director of Care confirmed that the assistive device was not functioning as intended and the expectation was that the device would be maintained to enable it to function as intended.

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 a PASD that is used for the resident is well maintained, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that a medication was administered to a resident in accordance with the directions for use specified by the physician.

A review of an identified Resident's clinical health record revealed:

A physician ordered two identified medications to be administered as prescribed.

A review of the Medication Administration Records (MAR's) for an eight week period revealed:

- a) There were five instances where there was no documented staff signature indicating that a medication was given as ordered.
- b) On an identified date, documentation indicated that the Resident received one additional dose of a specific medication over the prescribed dosage.

The observations were verified by the Director of Care and also confirmed that the expectation was that medication is administered and signed for in accordance with the physician's orders.

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 administered to residents in accordance with the physician's orders, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

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:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

On an identified date, a staff member was observed to be providing treatment to an identified Resident in a public area of the home.

A review of the Resident's plan of care revealed there was no documented evidence that the resident or Power of Attorney approved that treatment could be provided in a public area of the home.

The Director of Care confirmed the resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. [s. 3. (1) 8.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home, has a response made to the person who made the complaint.

A review of the home's internal records revealed that a family member contacted the Director of Care with a concern on an identified date.

A review of the home's Complaint/Concern/Compliment Log revealed there was no documented evidence that the concern had been logged and a response provided to the complainant.

The Executive Director confirmed that the concern was not addressed and the expectation is that complaints and concerns are responded to in accordance with the legislation. [s. 101. (1) 3.]

Issued on this 30th day of June, 2015

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

Original report signed by the inspector.