



**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
Dec 21, 2015	2015_216144_0070	032105-15	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

RIVERSIDE PLACE
3181 Meadowbrook Lane WINDSOR ON N8T 0A4

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

CAROLEE MILLINER (144)

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): December 17, 2015

The inspection was related to nutrition and hydration and the provision of nursing care.

During the course of the inspection, the inspector(s) spoke with one resident, the Executive Director, two Registered Practical Nurses (RPN's) and two Personal Support Workers (PSW's) .

One resident clinical record and the home's policy related to Pain Assessment and Symptom Management were reviewed.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Pain

Personal Support Services

Skin and Wound Care

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

1 WN(s)

1 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 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 :

1. The licensee did not ensure that the home's Pain Assessment and Symptom Management Policy was complied with.

A) The home's Pain Assessment and Symptom Management Policy, LTC-E-80, last revised August 2012, included the following directive:

- "If pain has been identified, a pain monitoring tool will be initiated for 72 hours."
- "Initiate pain monitoring tool when - (f) - PRN medication is used for 3 consecutive days."

B) Review of the clinical record for one resident revealed the resident had verbalized and non-verbalized indicators of pain on numerous occasions over a specific period of time.

C) Investigation into the cause of the pain had failed to provide a diagnosis.

D) The physician prescribed medication for the resident for pain management purposes. The resident continued to have verbalized and non-verbalized indicators or pain that they confirmed with the Inspector on the date of inspection.

F) The resident's medication administration record confirmed the resident had been administered the medication as prescribed. The clinical record did not include pain monitoring records for a specified period of time.

G) One RPN, #101 confirmed pain monitoring had not been initiated as per the home's policy and stated pain monitoring should have been started when the resident complained of new pain and when there had been a change in the resident's pain medication.

H) The Executive Director, #100, confirmed that nursing personnel did not follow the home's Pain Assessment and Symptom Management Policy and that pain monitoring should have been initiated according to the policy. [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 the home's Pain Assessment and Symptom Management Policy is complied with, to be implemented voluntarily.



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Issued on this 21st day of December, 2015

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

Original report signed by the inspector.