



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Oct 12, 2016	2016_419658_0009	028489-16	Resident Quality Inspection

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

NEIL KIKUTA (658), NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 3, 4, 5, and 6, 2016.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Resident Assessment Instrument Coordinator, the Nutrition Manager, the Registered Dietician, one Registered Nurse, five Registered Practical Nurses, seven Personal Support Workers, three family members, the Residents' Council Representative, and over 20 residents.

The inspector(s) conducted a tour of the home, and reviewed clinical records and plans of care for relevant residents, pertinent policies and procedures, Residents' Council minutes, and the staff schedule. Observations were made of general maintenance, cleanliness, and condition of the home, infection prevention and control practices, provision of care, staff to resident interactions, medication administration and storage areas, and required Ministry of Health and Long-Term Care postings.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Residents' Council

Skin and Wound Care

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)



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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Review of the most recent Bed Rail Risk Assessment indicated that a specified resident was assessed to have their bed rails discontinued, as they did not require them for any use. The resident's care plan was updated to reflect the assessment, and the intervention related to the use of bed rails was removed.

On a specified date, a resident was observed sleeping in bed with two quarter bed rails raised at the head of the bed.

Three staff members explained that the specified resident utilized the bed rails for turning and repositioning, and getting in and out of their bed. One staff member stated that the specified resident used the bed rails daily.

The Director of Care (DOC) #101 stated that when the assessment and care plan indicated no use of bed rails, then no bed rails were to be used for the specified resident as per the care specified in the plan. [s. 6. (7)]

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 care set out in the plan of care was provided to the resident as specified in the plan related to bed rails, to be implemented voluntarily.

WN #2: 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,
(a) each resident who is incontinent receives an assessment that includes
identification of causal factors, patterns, type of incontinence and potential to
restore function with specific interventions, and that where the condition or
circumstances of the resident require, an assessment is conducted using a
clinically appropriate assessment instrument that is specifically designed for
assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that it was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident required.

The Minimum Data Set (MDS) assessment for a specified resident indicated bladder continence as being frequently incontinent. All previous MDS assessments indicated bladder continence as being continent.

The home's policy titled "Continence Care - LTC-E-50", last revised in May 2013, indicated that the three day continence assessment was to be initiated if there was a change in level of continence.

Interview with two staff members indicated that an assessment for the specified resident was not completed when a change in the level of continence was noted.

The Director of Care #101 stated that continence assessments were currently completed in the home on admission, were not completed when a change in continence was determined thereafter, and that it was the expectation that this should be completed. [s. 51. (2) (a)]



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Issued on this 12th day of October, 2016

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

Original report signed by the inspector.