



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8

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

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

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 19, 2010	2010-115-2972-19Aug111629	Complaint L00592, L00601, L00605, L00608

Licensee/Titulaire
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
N8T 0A4

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly (#115)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector(s) spoke with: Angie MacLeod-Director of Care, Lesley Harris –Acting Executive Director, Jolayne Gander –Regional Manager of Clinical Services, 1 RN, 1 RPN, 2 PSW's and 2 residents.

During the course of the inspection, the inspector(s): reviewed documentation and clinical records, toured and conducted an inspection of home areas, observed staff and residents.

The following Inspection Protocols were used in part or in whole during this inspection:
Continence Care and Bowel Management Inspection Protocol
Personal Support Services Inspection Protocol

There are no findings of Non-Compliance as a result of this inspection.

Findings of Non-Compliance were found during this inspection. The following action was taken:

6 WN
3 VPC

NON-COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8,s.3(1),1.

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

A discussion with a resident revealed that the resident had a discussion with the DOC and has been encouraged to continue to try the new brief system. The resident indicates that staff have put a yellow pad on with a blue brief over top which is bulky and uncomfortable causing her to feel embarrassed.

Inspector ID #: 115

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 residents dignity is respected related to recent changes to continence care products, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident: 2007, c. 8, s. 6 (1).

Findings:

The type of brief that is indicated in the kardex/plan of care does not match the product the resident is currently using and what is posted inside the resident's closet.

Inspector ID #: 115

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, 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:

Resident indicates that staff, at times do not use the products as indicated in the resident's plan of care.

Inspector ID #: 115

WN #4: The Licensee has failed to comply with O. Reg. 79/10, s.44

Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

Findings:

A tour of 3 home areas with the DOC indicates storage rooms that are accessible to staff, but were found mostly bare or with one or two items stocked for usage for the personal care needs of the residents.

Inspector ID #: 115

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 supplies are readily available and accessible to meet personal care needs of residents, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s.48(1)3

Every licensee of a long-term care home shall ensure that, there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

Findings:

As indicated by 4 staff members and 2 residents, continence care products have not been available and accessible, with sufficient quantities over the past month.

Staff indicate that in the past month there have been significant product shortages, this was verified by the Director of Care

Inspector ID #: 115

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 continence care products are available, accessible and in sufficient quantities, to be implemented voluntarily.


WN #6: The Licensee has failed to comply with O. Reg. 79/10, s.51(2)(g)
 Every licensee of a long-term care home shall ensure that, residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

Findings:
 During a discussion with a resident, the resident indicates that staff have put a yellow insert on with a blue brief over top, which is bulky and uncomfortable. Resident indicates that staff told her that there are not enough incontinent products at times to provide adequate changes when the resident has been incontinent.

Inspector ID #: 115

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 residents who require continence care products have sufficient changes to remain clean, dry and comfortable, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). August 30, 2010