

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: September 21, 2023	
Inspection Number: 2023-1134-0005	
Inspection Type: Proactive Compliance Inspection	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Fosterbrooke, Newcastle	
Lead Inspector Sami Jarour (570)	Inspector Digital Signature
Additional Inspector(s) Laura Crocker (741753)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 21-25, and 28-30, 2023

The following intake(s) were inspected:

- Intake: #00094177 -
- PCI inspection

The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Residents’ and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect

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Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 15 (2) (e)

The licensee has failed to ensure that a comfortable easy chair was provided for every resident in the resident's bedroom.

Rationale and Summary:

On August 22, 2023, during an interview with a resident in their room, it was observed the room did not have any comfortable easy chairs for residents' use. The resident had to sit on the bed during the interview.

On August 28, 2023, during observations of residents' rooms, Inspector #570 noticed one comfortable chair available for two residents in nine residents rooms. No comfortable chairs were available for two residents in five residents' rooms. The Environmental Services Manager (ESM) acknowledged that not all rooms have comfortable easy chairs and that they have chairs available in storage that can be offered.

On August 30, 2023, during observations of residents' rooms, Inspector #570 noticed at least one comfortable easy chair was available in each resident's room.

Lack of access to comfortable easy chairs in residents' rooms would force residents to use

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uncomfortable seating alternatives, including sitting on their beds or mobility aides, which could put residents at risk of harm.

Sources: Observations; interview with Environmental Services Manager. [570]

Date Remedy Implemented: August 30, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 19

The licensee has failed to ensure that windows in the home that opened to the outdoors and accessible to residents had a screen and could not be opened more than 15 centimeters.

Rationale and Summary

On August 28, 2023, during observations of residents' rooms, Inspector #570 noticed four windows accessible to residents had no screens and five windows had no crank handles. Windows in five residents' rooms had no screens installed. Five residents' rooms had no crank handle to open windows.

The Environmental Services Manager (ESM) indicated that windows screens were removed when the AC vent was installed. The ESM acknowledged that windows should have screens if no vent was installed. The ESM indicated that the windows crank handles have been removed in the past and acknowledged that all windows should have crank handles installed.

On August 30, 2023, Inspector #570 observed all windows accessible to residents had screens and crank handles installed.

Not ensuring the windows accessible to residents had screens and properly maintained puts residents' safety at risk.

Sources: Observations; interview with Environmental Services Manager. [570]

Date Remedy Implemented: August 30, 2023

WRITTEN NOTIFICATION: COMMUNICATION AND RESPONSE SYSTEM

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 20 (f)

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The licensee has failed to ensure the resident-staff communication and response system clearly indicates when activated where the signal is coming from.

Rationale and Summary

During the initial tour of the home, when Inspector #570 activated the call bell designated in a resident's room, there was no audible signal noted and no signal on the audio visual screen to indicate any calls originating from the resident's room; the above door light in the hallway was not lit to indicate any signal was coming from the room.

The Environmental Services Manager (ESM) acknowledged that no signal is triggered when the call bell system is activated in specified resident's room. The ESM later indicated when the call bell was activated in the specified resident's room, the signal alerts on the audio visual shows the signal was originating from a different resident room. The ESM indicated they had to call the monitoring company to reprogram the resident-staff communication and response system.

When the resident staff communication and response system did not identify that a signal had been activated or where it was coming from when activated created a potential risk to the health, safety and wellbeing of residents.

Sources: observations of a specified resident's room, interview with the Environmental Services Manager (ESM). [570]

WRITTEN NOTIFICATION: AIR TEMPERATURE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary

A review of the home's air temperature records from May 15 to August 23, 2023, indicated air temperature reports generated by Alert Labs. The temperature reports reviewed identified dates, times, and locations where the air temperatures were recorded in two specified resident's rooms and five

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common areas. The record review indicated the air temperatures were not maintained at 22 degrees Celsius on multiple dates between May 15, 2023, and August 23, 2023. One specified resident's room had recorded air temperatures below 22 degrees Celsius on multiple dates, with the lowest recorded temperature at 20 degrees Celsius. A second resident's room had recorded air temperature below 22 degrees Celsius on multiple dates, with the lowest recorded temperature at 18 degrees Celsius. One specified common area had recorded air temperatures below 22 degrees Celsius on multiple dates, with the lowest recorded temperature at 19.5 degrees Celsius.

The Executive Director (ED) acknowledged the recorded air temperatures were below 22 degrees Celsius in the two specified resident's rooms and one common area.

When temperatures in the home are not maintained at a minimum of 22 degrees Celsius, residents will be at risk of discomfort.

Sources: Air temperature logs, interview with the Executive Director. [570]

WRITTEN NOTIFICATION: DINING AND SNACK SERVICE**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

The licensee failed to ensure that the home has a dining and snack service that includes a process to ensure that food service workers and other staff assisting a resident were aware of the residents' diet, special needs and preferences.

Rationale and Summary

A resident's care plan indicated their preference was to have their meal using a specified vessel.

Observations during a meal service revealed the resident was served their meal in a different vessel. PSW #105 reported they always served the resident their meal and acknowledged they were not aware of the resident's care plan, indicating their preference was to have their meal served in a specified vessel.

The process to ensure the dietary aides were aware of the resident's preference was by-way -of an electronic meal service report, called meal suite, which dietary aides referenced when serving.

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Dietary aide #104 confirmed the resident was served with a different vessel and reported they were not aware of the resident's preference to have their meal using a specified v. The vessel dietary aide further confirmed there was no information on meal suite regarding the resident's preference.

The Nutritional Manager further confirmed the resident's preference was on their care plan, but had not been entered into meal suite. The Nutritional Manager reported the process for communicating a resident's preference was through the nursing department. Once the nursing department communicated the resident's preference the Nutritional Manager or designate would update the electronic meal suite so the dietary aide would be aware of the resident's preference and would serve the meal accordingly.

The home's policy titled LTC-Meal Service indicated during the resident's meal service staff are attentive to resident needs, are aware of the residents' diet, texture, fluid consistency, special needs, and preferences.

Sources: The home's policy Culinary Care, LTC Meal Service, CARE17- P40, last reviewed, March 31, 2023, observations, resident's care plan, interviews with staff and the Nutritional Manager. [741753]

WRITTEN NOTIFICATION: DINING AND SNACK SERVICE**NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to ensure that food and fluids were being served at a temperature that is both safe and palatable to the residents.

Rationale and Summary

Staff were observed serving the residents their meals. When the meal was completed, Inspector #741753 requested the food temperature logs.

A review of the hot food temperature logs indicated the regular fish burger was served to residents at a temperature of 84 degrees Celsius, the pureed fish burger was served at a temperature of 79 degrees Celsius and the minced fish burger was served at a temperature of 77 degrees Celsius. A review of the cold food temperature logs indicated the coleslaw was served to the residents at 5 degrees Celsius for all textures. The pureed ham sandwich was served at five 5 degrees, and the minced ham and regular texture was 5.5 degrees Celsius.

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Dietary aide #103 confirmed they were responsible for recording the food temperatures. The dietary aide reported they were aware the regular fish burger was too hot, at 84 degrees Celsius and took the lid off to the dish to cool down the meal. Prior to serving the fish burgers to the residents, the dietary aide reported they took the temperature again and the temperature was 75 degrees Celsius. The dietary aide acknowledged the second temperature they took of the fish was not recorded in the temperature log as required.

The Nutritional Manager reported they referenced the document, Food Safety for Durham Region, which indicated the maximum temperature to serve hot food was 75 degrees Celsius. The Dietary Manager further confirmed the cold food should be served at a temperature between 0 to 4 degrees Celsius. The Nutritional Manager further reported the cold food recorded above 4 degrees Celsius, should not have been served to the residents as there was a potential for the residents to get sick.

The home's policy titled Culinary- Care, LTC Meal Production indicated food temperatures are taken and documented throughout each meal production holding and service to ensure the menu items are served at a safe and palatable temperature.

The home's policy titled Culinary Care, LTC Food Temperature Checklist indicated food items meet the appropriate internal temperature when hot items are at or above 65 degrees Celsius and cold items are between 0 to 4 degrees Celsius.

By not ensuring meals were served to residents at safe and palatable temperatures, there could be negative effects on the residents, such as decreased intake, decreased enjoyment of the meal and possible contamination of the food.

Sources: The home's policy Culinary Care, LTC-Meal Production, CARE 17-P20, last reviewed March 31, 2023, the home's policy Culinary Care, LTC -Food Temperature Checklist, CARE17-020.02, last updated April 30, 2023, observations, food temperature logs, interviews with staff and the Nutritional Manager. [741753]

WRITTEN NOTIFICATION: DINING AND SNACK SERVICE

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

The licensee failed to ensure a resident was served their meal course by course unless otherwise

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indicated by the resident or by the resident's assessed needs.

Rationale and Summary

During a meal service, a resident required assistance from staff to eat their meal. While the PSW was feeding the resident their soup, PSW #105 served the resident their meal, when the resident wasn't finished being fed their soup. PSW #105 acknowledged the resident was served their meal before the resident was finished eating their soup, and reported the meal was served that way due to staff breaks.

The DOC confirmed staff are to serve the resident's meal course by course.

The Home's policy LTC Meal Service indicated meals are served course by course in an organized timely manner for each Resident unless otherwise indicated by the resident or by the resident's assessed needs.

Sources: The home's policy Culinary Care, LTC Meal Service, CARE17- P40, last reviewed, March 31, 2023, observations, interviews with staff and the DOC. [741753]

WRITTEN NOTIFICATION: DINING AND SNACK SERVICE

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)

The licensee has failed to ensure that a resident who required assistance with eating and drinking was served a meal until someone was available to provide the assistance required by the resident.

Rationale and Summary

During a meal service, a resident required assistance with eating and drinking. PSW #105 poured the resident their cold drinks and then served the resident their soup without a staff member being available to assist them.

The resident's care plan indicated the resident required maximum assistance of one staff member to assist them with eating.

PSW #105 acknowledged the soup was served to the resident without staff being available to assist them with their meal. The PSW further acknowledged they probably should not have served the soup

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until the PSW was available.

The DOC confirmed a resident who requires staff to assist them with their meal should not be served until the staff member is seated and can provide the resident the assistance they need.

The home's policy titled Pleasurable Meal Strategies indicated food and fluids will not be served until the assistance is available.

Failing to ensure staff were available to assist a resident with eating may have caused the soup to get cold and therefore not pleasurable to eat.

Sources: The home's policy Culinary Care 17-O40.01,LTC - Pleasurable Meal Service Strategies, last reviewed June 30, 2023, observation, interviews with staff and the DOC. [741753]

WRITTEN NOTIFICATION: HOUSEKEEPING

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

The licensee has failed to ensure high touch surfaces were cleaned once daily in accordance with evidence-based practices.

Rationale and Summary

The Public Health, Coronavirus Disease 2019 (COVID-19), Key Elements of Environmental Cleaning in Healthcare Settings, dated July 16, 2021, directs that high touched and frequently touched surfaces be cleaned and disinfected at least once per day and more frequently in outbreak areas. Examples of these surfaces include doorknobs, call bells, bedrails, light switches, toilet handles, handrails, and keypads.

As part of the home's Proactive Compliance Inspection (PCI) inspection, Infection Prevention and Control (IPAC) was reviewed.

A staff reported they were the only staff working on units one and two on a specified date. The staff confirmed the handrails in the hallway were not wiped down on unit one and two. The staff acknowledged the hallway handrails on unit one and two are high touch surfaces and therefore should be wiped down daily.

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The Environmental Service Manager (ESM) further confirmed the handrails in the hallways are high touch surfaces and the housekeeping staff are to clean them once a day when the home is not in an outbreak and two times a day when the home is in an outbreak.

A review of the home's second floor housekeeper daily task sheet indicated on a specified date, the daily task sheet was not signed off that first and second floor handrails were wiped down with virox cleaner.

The Revera Cleaning Frequency, Housekeeping and Environmental Services Training document indicated when the home is not in outbreak high touch surfaces are to be cleaned once per day.

Failure to clean and disinfect the hallway handrails on unit one and two could contribute to the spread of infectious agents.

Sources: Public Health Ontario, COVID-19 Key Elements of Environmental Cleaning in Healthcare Settings, dated July 16, 2021, the homes Cleaning Frequency; Housekeeping and Environmental Services Training document, the housekeeping job routine checklist, and interview with staff and the Environmental Service Manager. [741753]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee has failed to ensure that at least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home was a member of the home's continuous quality improvement (CQI) committee.

Rationale and Summary

A review of the meeting minutes of the CQI committee for 2023 indicated that a personal support worker (PSW) was not in attendance. The Executive Director (ED) acknowledged that the CQI committee did not include a PSW staff.

By failing to include a PSW staff on the CQI committee, the opportunity for input related to personal support services to residents was lost.

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Sources: CQI meeting minutes and an interview with the Executive Director. [570]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

The licensee has failed to ensure that one member of the home's Residents' Council was a member of the home's continuous quality improvement (CQI) committee.

Rationale and Summary

A review of the meeting minutes for the CQI committee for 2023 indicated that a member of the home's Residents' Council was not in attendance. The Executive Director (ED) acknowledged that the CQI committee did not include a member of the home's Residents' Council.

By failing to include a member of the home's Residents' Council on the CQI committee, the opportunity for input from the Residents' Council on the home's CQI initiative was lost.

Sources: CQI meeting minutes and an interview with the Executive Director. [570]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.

The licensee has failed to ensure that one member of the home's Family Council was a member of the home's continuous quality improvement (CQI) committee.

Rationale and Summary

A review of the meeting minutes of the CQI committee for 2023 indicated that a member of the home's Family Council was not in attendance. The Executive Director (ED) acknowledged that the CQI

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committee did not include a member of the home's Family Council.

By failing to include a member of the home's Family Council on the CQI committee, the opportunity for input from the Family Council on the home's CQI initiative was lost.

Sources: CQI meeting minutes and an interview with the Executive Director. [570]