



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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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 24, 2014	2014_217137_0027	L-001303-14	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

SUMAC LODGE
1464 BLACKWELL ROAD, SARNIA, ON, N7S-5M4

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

MARIAN MACDONALD (137), ALI NASSER (523), REBECCA DEWITTE (521)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 14-17 and 21-23, 2014

During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Nutrition Manager, Environmental Services Manager, Activation Manager, two (2) Regional Managers, RAI/MDS Coordinator, Registered Dietitian, three (3) Registered Nurses, six (6) Registered Practical Nurses, nine (9) Personal Support Workers, Physiotherapist, Physiotherapy Assistant, three (3) Activation Assistants, Housekeeper, Dietary Aide, two (2) Cooks, 40 + Residents and three (3) Family Members.

During the course of the inspection, the inspector(s) toured resident home areas, common areas, laundry room, medication storage area, observed dining service, medication administration, recreational activities, staff-resident interactions, provision of care, reviewed residents' clinical records, relevant staff education records, policies and procedures and Residents' Council/Family Council meeting minutes.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 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:

11. Every resident has the right to,

- i. participate fully in the development, implementation, review and revision of his or her plan of care,**
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**
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Findings/Faits saillants :



1. The licensee failed to ensure that the following rights of residents are fully respected and promoted: 11. Every resident has the right to, iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Observations, throughout the RQI, revealed:

On three occasions throughout the RQI, the e-MAR terminal was unlocked and unattended, with Residents' Personal Health Information (PHI) readily accessible to residents, staff and visitors/family members, on three separate wings of the home. The three registered staff members were administering medications and the medication carts were not in their visual proximity.

The Director of Care, RAI Coordinator and a Registered staff member confirmed the e-MAR terminal was unlocked, with Personal Health Information (PHI) readily accessible, as well as the expectation is the e-MAR terminal be locked, when the medication cart is unattended. [s. 3. (1) 11. iv.]

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 every resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, to be implemented voluntarily.

WN #2: 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).**
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Findings/Faits saillants :

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 all applicable requirements under the Act; and (b) is complied with, as evidenced by:

(a) Observations, throughout the RQI, revealed lingering offensive odors present in seven (7) identified resident rooms.

There was no documented evidence that a policy or a procedure was in place to address incidents of offensive lingering odours.

An interview with the Environmental Services Manager (ESM), revealed that the home does not have a policy or a procedure in place to address incidents of lingering odours and confirmed

the expectation is the home have a policy and procedure in place to address lingering offensive odours. [s. 8. (1)]

2. (b) A review of the Least Restraints Policy, # LTC-K-10, revised March 2013, indicates consent will be obtained and reviewed annually, as well as an order indicating the type, reason and duration of continued use for the restraint will be obtained.

A review of the clinical record, for an identified resident, revealed there was no documented evidence of consent for the seat belt and no physician's order for the seat belt or table top.



A registered staff member confirmed there was no consent or physician's order, the policy was not complied with and the expectation is that consent and a physician's order be obtained for use of a restraint.

(c) A review of the Personal Assistive Service Devices (PASD) Policy, # LTC-J-30, revised August 2012, indicates consent will be obtained and documented in the progress notes.

A review of the clinical records, for two identified residents, revealed there was no documented evidence of consent for the PASD's.

A registered staff member confirmed there was no consent, the home's policy was not complied with and the expectation is that consent be obtained for use of a PASD. [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 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 all applicable requirements under the Act; and (b) is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).
-

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair as evidenced by:

Observations, throughout the RQI, revealed damaged walls and door frames in the dining room and identified resident rooms.

During a tour, the Environmental Services Manager confirmed the identified deficiencies, as well as the home's expectation is the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

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 the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference



Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).
-

Findings/Faits saillants :

1. The licensee failed to ensure that a record is kept of the date, the participants and the results of the annual care conferences as evidenced by;

A record review, for three identified residents, revealed there was no documented evidence of the date, the participants and the results of the annual care conferences for 2/3 (66%) of the residents.

A Registered Staff Member confirmed the annual care conferences were conducted. The Registered Staff Member and the Executive Director confirmed there was no documented evidence of the date, the participants and the results of the annual care conferences for 2/3 (66%) of the residents, as well as the expectation that the care conferences be documented. [s. 27. (1) (c)]

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 record is kept of the date, the participants and the results of the annual care conferences, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care



Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).

(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).

(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes mouth care in the morning and evening as evidenced by;

During an interview with a Personal Support Worker, it was confirmed an identified resident had not had oral care completed that morning and staff usually complete the oral care after lunch, as they do not have time in the morning.

An interview with the Executive Director confirmed residents are to receive oral care in the morning and in the evening, as well as when required. [s. 34. (1) (a)]

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 each resident of the home receives oral care to maintain the integrity of the oral tissue that includes mouth care in the morning and evening, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to ensure to seek advice of the Family Council in developing and carrying out the satisfaction survey as evidenced by;

An interview with a Family Council Representative revealed the licensee did not seek the advice of the Family Council in developing and carrying out the satisfaction survey in 2014.

A review of the Family Council meeting minutes revealed there was no documented evidence of seeking advice from the Family Council regarding the satisfaction survey.

An interview with the Executive Director confirmed the licensee failed to seek the advice of the Family Council in developing and carrying out the satisfaction survey, for the year of 2014. [s. 85. (3)]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident as evidenced by;

Observations in the dining room revealed pre-poured Resource medications on dining room tables, for three different residents. The residents were not present in the dining room.

This was confirmed by two Registered Staff Members. One Registered Staff Member confirmed it is the home's expectation that medication remains in the original labeled container until it is administered to residents. [s. 126.]

WN #8: 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 drugs are administered to residents in accordance with the directions for use specified by the prescriber as evidenced by;

A medication administration observation, revealed an identified resident was not administered drugs in accordance with the directions for use specified by the prescriber.

A Registered Staff Member and the Registered Dietitian confirmed the resident had not received the drug as prescribed and the expectation is drugs be administered to all residents, as prescribed. [s. 131. (2)]



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Issued on this 24th day of October, 2014

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