



**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**

**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
Sep 14, 2016	2016_389601_0022	026526-16	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

THORNTONVIEW
186 THORNTON ROAD SOUTH OSHAWA ON L1J 5Y2

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

KARYN WOOD (601)

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): September 1 and 2, 2016.

This inspection was related to complaint log #026526-16 regarding resident care.

During the course of the inspection, the inspector(s) spoke with the Regional Director of Education and Resident Services, the Acting Director of Care (ADOC), the Physiotherapist, Registered Practical Nurses (RPN), Health Care Aide (HCA), a service provider, a Resident and a Family member.

The Inspector also conducted a tour of one home area, observed staff to resident interaction, reviewed resident clinical health records and applicable policy

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

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

Specifically failed to comply with the following:

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



Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001's plan of care set out clear directions to staff and others who provide direct care to the resident related to the type of lift used, the appropriate size and colour of lift sling required for all transfers and bathing.

During an interview, Resident #001 reported disliking the maxi lift and indicated the sling caused discomfort while being transferred and bathed.

Record review of resident #001's most recent Safety in Ambulating Lifting and Transferring (SALT) assessment completed by the ADOC indicated that resident #001 had identified medical conditions and discomfort during transfers. The method of transfer was assessed as maxi lift using the blue sling for comfort on days, evenings and nights.

Record review of resident #001's Physiotherapy referral completed by the Acting Director of Care (ADOC) indicated that resident #001 was currently unsafe to use the sit to stand lift.

Record review of resident #001's current care plan related to transfers revised by the ADOC four days following the SALT assessment and the referral to the Physiotherapist, identified that resident #001 required the sit to stand lift. The PSW would assess need for resident #001 to be transferred using the maxi lift prior to every transfer.

Record review of current care plan related to toilet use revised by the ADOC four days following the SALT assessment and the referral to the Physiotherapist, identified that resident #001 required the sit to stand lift to transfer on and off the toilet using the green sling.

Record review of current care plan related to bathing revised by RPN #107 nine days following the SALT assessment and the referral to the Physiotherapist, identified that resident #001 required the maxi lift to transfer directly into the tub with the mesh sling and two staff assist for the full process of the bath. Resident #001's care plan interventions included to leave resident #001 hooked up to the maxi lift while in the tub and ensure the foot board was in place to prevent sliding while in the tub. Resident #001's interventions were to transfer to an identified mobility aide using the maxi lift and then the sit to stand lift was to be used to provide further care.

During an interview, the Acting Director of Care (ADOC) indicated the SALT team



completes the assessment to determine the type of lift, the size of sling required when using the sit to stand or the maxi lift. According to the ADOC, resident #001 required the blue sling when using the maxi lift and the green sling when using the sit to stand lift. The type of sling was communicated to staff by posting the information above the resident's bed and the colour of the logo determined the sling to be used.

Observation of the transfer logo posted above resident #001's bed on an identified date directed staff to use the green sling and the sit to stand lift.

During an interview, the ADOC indicated the transfer logo posted above resident #001's bed should direct staff to use the blue sling when the maxi lift was used to provide comfort and the green sling should be used when the sit to stand lift was used.

Therefore, the most recent SALT assessment identified that resident #001 required a maxi lift and the posted logo for the resident directed staff to use the sit to stand lift. There was no clear direction regarding the size or colour of sling to be used when resident #001 was being transferred or bathed with the maxi lift and the resident reported discomfort with the use of the maxi lift. [s. 6. (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 resident #001's plan of care set out clear directions to staff and others who provide direct care to the resident related to the type of lift used, the appropriate size and colour of lift sling required for all transfers and bathing, to be implemented voluntarily.



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Issued on this 14th day of September, 2016

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

Original report signed by the inspector.