



**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**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11ième étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 5, 2016	2016_434631_0005	011160-16	Complaint

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**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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**Long-Term Care Home/Foyer de soins de longue durée**

GARDEN CITY MANOR  
168 Scott Street St. Catharines ON L2N 1H2

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

KERRY ABBOTT (631)

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**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): April 26, 27, and May 13, 2016**

**The following inspection was conducted:**

**Complaint #011160-16-related to oral care, missing items, call bells, continence care and bowel management, bedtime and rest routines, skin and wound care. Findings of non-compliance are contained in this inspection report.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Assistant Director(s) of Care (ADOC), registered staff, Personal Support Workers (PSW), residents and family members.**

**During the course of the inspection, the inspector toured the home, observed the provision of care and services, reviewed relevant documents including but not limited to; policies and procedures, health care records.**

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

**Accommodation Services - Laundry  
Continence Care and Bowel Management  
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 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

A review of the home's policy titled, "Resident/Staff Communication and Response (Call Bell) System", (LTC-K-40 and dated August 2012/Revised November 2015), indicated the following: The call bell will be accessible to the resident at all times.

a) On an identified date in May, 2016 inspector #631 observed resident #101 sitting in their wheelchair in their room. Resident did not have the call bell within reach. Inspector #631 asked resident #101 if they were able to self propel and resident #101 stated, "No". Inspector #631 asked resident #101 if they could reach call bell and resident #101 stated that they were not aware of where the call bell was. Inspector #631 asked resident #101 if they could self propel their wheelchair and resident #101 stated, "No". Inspector #631 asked resident #101 how they would request assistance if needed and resident #101 stated, "I don't know". Resident #101 stated that they were aware of how to pull the call bell cord if it was within reach. Inspector #631 observed the call bell cord to be too short to reach the resident #101.

An interview with staff #003 confirmed that resident #101 would be unable to locate the call bell if it was not within reach. A review of the resident #101's care plan indicated that resident #101 was at risk for falls and that the call bell was to be in reach of the resident. Resident #101 did not have a call bell within reach at all times as per the home's policy.

b) On two identified dates in April, 2016, inspector #631 observed resident #100 sitting in their wheelchair, near the window in their room with the call bell approximately eight (8) feet away from where resident #100 was sitting. A review of resident #100's most recent Minimum Data Set (MDS) assessment dated February 14, 2016, indicated that under section G-Physical Functioning and Structural Problems, resident #100 was coded as being unable to self propel while in their wheelchair and that resident #100 required one person to assistance for locomotion while on the unit.

Interviews with staff #001, #002 and #003 confirmed that resident #100 was unable to self-propel while in wheelchair and required one staff to assist with locomotion.

A subsequent interview with the Executive Director (ED) also confirmed that resident #100 did require assistance with locomotion and therefore would be unable to access the call bell unless it was within reach of resident #100. [s. 8. (1) (b)]



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***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 policies are complied with, to be implemented voluntarily.***

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**Issued on this 21st day of June, 2016**

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

**Original report signed by the inspector.**