



**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

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**Ministère de la Santé et des Soins de  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire		<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
May 12, 17, 18, 2011	2011_109_2589_12May095439	Complaint T 749-11
<b>Licensee/Titulaire</b> Revera Long Term Care Inc 55 Standish Court 8 <sup>th</sup> floor Mississauga, Ontario, L5R 4B2 Phone 289-360-1200 Fax 289-360-1201		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Main Street Terrace		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Susan Squires (109)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a Complaint Inspection.  During the course of the inspection, the inspector spoke with: Executive Director, Associate Director of Care, PSW staff, Registered Practical Nursing Staff, Resident, Activation Manager, Social Worker  During the course of the inspection, the inspector: Reviewed Resident Health Records, Observed Residents  The following Inspection Protocols were used in part or in whole during this inspection: Nutrition and Hydration Prevention of Abuse, Neglect and Retaliation Responsive Behaviors  <input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:  [2] WN		



**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Réglisseur 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, c. 8 s. 24. (1) 2 A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

**Findings:**

- The Ministry of Health and Long-term Care was not notified of an incident of resident to resident abuse.

**NOTE:** The home prepared and submitted a Critical Incident report to MOHLTC during the inspection.

**Inspector ID #:** 109

**WN #2:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s.6 (9) 1 The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care.

**Findings:**

- The interventions for monitoring a resident were not documented as set out in the plan of care.

**Inspector ID #:** 109

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).