



**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**

**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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**Public Copy/Copie du public**

<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>
Jan 22, 2014	2014_289550_0002	O-001218- 13	Critical Incident System

**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**

MONTFORT  
705 Montreal Road, OTTAWA, ON, K1K-0M9

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

JOANNE HENRIE (550)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 16 and 17, 2014**

**During the course of the inspection, the inspector(s) spoke with the Regional Executive Director, the Director of Care (DOC), Director of Care Associate (DOA), a Registered staff, several Personal Support Workers (PSWs) and two specified residents**

**During the course of the inspection, the inspector(s) reviewed a specific Critical Incident , health Records for Residents #001 and #002, observed Residents #001 and #002's care and services and observed meal service at lunchtime on January 16, 2014.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

**Findings of Non-Compliance were found during this inspection.**



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**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>



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**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).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that there is a written plan of care for each resident that sets out the planned care for the resident, the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident as follows:

On a specified date in December 2013 Resident #002 inappropriately touched another female resident without her consent. Upon revision of the care plan for Resident #002, it was noted the current written plan of care for this resident as confirmed by Staff #100 and #101 does not identify resident's inappropriate sexual behaviour, set out any goals or give clear directions to staff who provide care for this resident. There is a Dementia Observation System (DOS) in place to monitor resident's responsive behaviours but it does not identify the inappropriate sexual behaviour. The flow sheets identify some responsive behaviours but not the inappropriate sexual behaviours. Incidents of this behaviour occurred on two specified dates in July 2013, a specified date in August 2013 and a specified date in December 2013 and are documented in the progress notes.

Through interviews with staffs #102 and #103, it is identified they are aware of Resident #002's inappropriate sexual behaviours but they are unsure on how to manage and mitigate the risks of this responsive behaviour. [s.6 (1)]. [s. 6. (1)]



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Issued on this 22nd day of January, 2014

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

*Joanne Henrie #550*