



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
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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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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
Dec 5, 2013	2013_225126_0032	O-001011-13	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

LINDA HARKINS (126)

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): November 20, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, the RAI Coordinator, several Registered Practical Nurses and several Personal Support Workers

During the course of the inspection, the inspector(s) reviewed the resident health care record and observed care and services given to residents

The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :



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1. The licensee failed to ensure that Resident #1 had sufficient changes to remain clean, dry and comfortable.

Discussion with the Administrator and the Director of Care indicated that Resident #1 did not get continence care as per the home expectation, that resident's continence product is to be changed more than once a day, to remain clean, dry and comfortable. Discussion with two Personal Support Workers who indicated that Resident #1 usually requires a minimum of once a shift change of the incontinence product.

It is noted in the Critical Incident Report, that on the following dates Resident #1 did not have his/her continence care products changed regularly to remain clean, dry and comfortable.

September 16, 2013: Resident #1 incontinence pad product was changed at 15:00.

September 17, 2013: Resident #1 incontinence pad product was changed in the afternoon.

September 19, 2013: Resident #1 incontinence pad product was changed at 20:25.

September 20, 2013: Resident #1 incontinence pad product was changed at 11:54.

September 21, 2013: Resident #1 incontinence pad product was changed at 15:38

September 22, 2013: Resident #1 incontinence pad product was changed at 14:56 by daughter.

The Director of Care confirmed that Resident #1 was not changed in another bathroom in the hallway on those days. The home immediately took action and suspended staff members that provided care on those days. The Director of Care indicated that the investigation is completed and several staff were terminated as a result. [s. 51. (2) (g)]

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 #1 remain clean, dry and comfortable and that the continence products be changed on a regular basis, to be implemented voluntarily.



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Issued on this 5th day of December, 2013

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

A handwritten signature in black ink, appearing to read "L. Harker" with a stylized flourish at the end.