



**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  
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## Public Copy/Copie du public

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| <b>Report Date(s) /<br/>Date(s) du apport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|---|---|--------------------------------|--|
| May 15, 2015                                  | 2015_371193_0009                              | T-552-14                       | 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**

MACKENZIE PLACE  
52 GEORGE STREET NEWMARKET ON L3Y 4V3

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

MONICA NOURI (193), CECILIA FULTON (618)

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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 22, 24, 2015.**

**Inspectors conducted observations, reviewed resident's health record and applicable policies and procedures.**

**This inspection report contains findings related to resident #2 from complaint inspection # 2015\_371193\_0010 conducted on April 30, 2015.**

**During the course of the inspection, the inspector(s) spoke with the resident's Substitute Decision Maker (SDM), registered dietitian (RD), nutrition manager (NM), the assistant Director of Care (ADOC), the Director of Care (DOC), and the interim Executive Director (ED).**

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

**Nutrition and Hydration**

**Pain**

**Personal Support Services**

**Reporting and Complaints**

**During the course of this inspection, Non-Compliances were issued.**

**8 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

| Legend  | Legendé  |
|---|--|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order   | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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). | 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. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.   | 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 LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints**

**Specifically failed to comply with the following:**

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that any received written complaints concerning the care of a resident or the operation of the long-term care home was immediately forwarded to the Director.

Resident #1's Substitute Decision Maker (SDM) sent to the licensee five letters of complaint on May 15, 17, 20, 21, 2011 and July 9, 2011. The SDM indicated that the licensee did not forward the letters to the Director as required.

Review of the licensee's documented record of written complaints from 2011 to 2015, review of the record of complaints forwarded by the licensee to the Director for this period of time and interview with the interim ED revealed the following:

- the complaint letters received from resident #1's SDM dated May 15, 17, 20, 21, 2011 and July 9, 2011, were not forwarded to the Director as required
- the complaint letter received from resident #1's SDM dated October 25, 2012, was forwarded to the Director and received on November 12, 2012, not immediately as required
- a complaint letter from an identified family member of another resident dated November 7, 2014, was forwarded to the Director received on December, 3, 2014, not immediately as required
- two complaint letters received from other two complainants on April 16, 2015, were forwarded to the Director on April 24, 2015.

Interview with the ED confirmed the above information and identified this practice as a misunderstanding of the requirements. [s. 22. (1)]

***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 any written complaint concerning the care of a resident or the operation of the long-term care home is immediately forwarded to the Director, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs**

**Specifically failed to comply with the following:**

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
  - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
  - (e) a weight monitoring system to measure and record with respect to each resident,**
    - (i) weight on admission and monthly thereafter, and**
    - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the policies and procedures relating to nutrition care are implemented.

A review of the home's policy Nutritional Assessment and care revised in April 2013, indicates under section "Significant Changes in the Resident's Condition" the interdisciplinary team will communicate any significant changes in a resident's nutrition related condition to the RD using a Nutrition Referral Form.

Further, the home's policy Nutritional Assessment and care revised in June 2014,

indicates that a nutrition referral to the RD will be completed and the information documented in the interdisciplinary progress notes for the following weight variances;

- weight loss or gain of greater than or equal to 5% of total body weight over one month
- weight loss or gain of greater than or equal to 7.5% of total body weight over three months

- weight loss or gain of greater than or equal to 10% of total body weight over six months
- any other weight change that compromises the resident's health.

By the 7th day of each month all residents will be weighed, unplanned weight change of 2 kg or more identified and a referral to RD completed for any resident with confirmed



loss/gain of >2kg or 5%, 7.5% or 10% or any other weight change that compromises a resident's health status. The referral is completed in PointClickCare (PCC) under the assessment tab as confirmed by the RD.

1) Resident #1's progress notes review revealed the resident experienced significant changes in nutritional status from November 3 to December 20, 2012. The resident was assessed as a moderate nutritional and hydration risk in September 2012.

A record review of the assessment tab and an interview with the RD confirmed a nutritional referral for significant change was not completed as per the home's policy in November or December 2012.

2) Resident #2's record review revealed the resident experienced weight loss in  
- September 2014, 7.5% weight loss, from 62.4kg in June 2014, to 57.6 kg in September 2014, reflecting a 4.8kg weight loss over three months

- November 2014, 10% weight loss over six months, from 62.7 kg in May 2014 to 54.7kg in November 2014, reflecting 8 kg ; 7.5% weight loss over three months, from 59.5 kg in August to 54.7 kg in November, reflecting a 4.8kg weight loss

- December 2014, 10% over six months, from 62.4 kg in June to 52.7kg in December, 9.7 kg weight loss; 7.5% weight loss over three months, from 57.6 kg in September to 52.7kg in December, 4.9 kg weight loss.

The resident was assessed as a high nutritional and hydration risk in October 2014.

A record review of the assessment tab and an interview with the RD confirmed referrals for significant weight loss for resident #2 were not completed as per the home's policies in September, November and December 2014. [s. 68. (2) (a)]

### ***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 the policies and procedures relating to nutrition care are implemented, to be implemented voluntarily.***



**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes**

**Every licensee of a long-term care home shall ensure that,**

**(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;**

**(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and**

**(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drug.

1) Physician's orders review indicated resident #1 was prescribed an identified pain medication daily as a standing order and as needed from January 4-16, 2013. Review of the medication administration record (MAR) revealed that the medication was administered numerous times during this period of time, however, there was no consistent monitoring and documentation of the resident's response and the effectiveness of the drug.

2) Physician's orders review indicated resident #2 was prescribed an identified pain medication as needed, as of January 26, 2015. Review of the MAR revealed that the medication was administered numerous times during the month of April, 2015. On two identified days in April, 2015, the resident received the drug, however, there was no monitoring and documentation of the resident's response and the effectiveness of the drug.

3) Physician's orders review indicated resident #3 was prescribed an identified pain medication as needed. Review of the MAR revealed that the medication was administered in numerous occasions between January 2 and April 10, 2015, as result of complaints of pain. There was no monitoring and documentation of the resident's response and the effectiveness of the drug.

Record review and interview with an identified registered staff and the ADOC confirmed that there was no monitoring and documentation of resident #1, #2 and #3's responses and the effectiveness of the drugs administered. [s. 134. (a)]





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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 when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care  
Specifically failed to comply with the following:**

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**
- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).**
  - (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the registered dietitian who is a member of the staff of the home:

(a) completed a nutritional assessment for resident #1 when there was a significant change in the resident's health condition; and

(b) assessed the resident's

- nutritional status, including height, weight and any risks related to nutrition care, and
- hydration status, and any risks related to hydration.

Review of the resident's health record indicated the resident started experiencing a significant decrease in food and fluid intake from November 2012. Review of the resident's records revealed that from October 5 to November 3, 2012, the resident had a 6.2% decrease in weight. On response to concerns related to the resident's food and fluid intake, a 72 hours food intake study was initiated by the nursing department. There was no written evidence to support the completion of the food intake study or any nutritional assessment completed afterwards.

Interview with the nutrition manager confirmed there was no follow up to the 72 hours intake study and no nutritional assessment completed by the previous RD in the home when there was a significant change in the resident's health condition.

The next note from the previous RD appeared in the progress notes on December 20, 2012, in reference to advanced nutritional measures after the resident's condition deteriorated further during November and December, 2012. [s. 26. (4) (a),s. 26. (4) (b)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

1) The home's nutrition and hydration program indicates to initiate a 72 hours intake study when there are concerns about a resident's nutrition/hydration. Review of resident #1's progress notes revealed that a 72 hours intake study was initiated in November 2012, to monitor resident's #1 food intake. Record review, RD and nutrition services manager interviews confirmed the 72 hours intake study, conclusions of the assessment and any interventions taken as result of the completion of the study were not documented.

2) The home's pain management program indicated to initiate the pain monitoring tool for 72 hours when a new regular pain medication is ordered. Physician's orders were reviewed for resident #2 and a new order for Hydromorphone was written in January 2015. Review of the resident's health record and interview with the ADOC confirmed the initiation and documentation of the pain monitoring tool as required by the home's pain management program did not occur. [s. 30. (2)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**



**Specifically failed to comply with the following:**

**s. 52. (1) The pain management program must, at a minimum, provide for the following:**

- 1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired. O. Reg. 79/10, s. 52 (1).**
- 2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 52 (1).**
- 3. Comfort care measures. O. Reg. 79/10, s. 52 (1).**
- 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).**

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the pain management program provides for strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

Review of the home's Pain assessment and symptom policy revised on August 2012, and interview with the ADOC confirmed the home's program does not include non-pharmacologic interventions, equipment, supplies, devices and assistive aids. [s. 52. (1) 2.]

2. The licensee has failed to ensure that the pain management program provides comfort care measures.

Review of the home's Pain assessment and symptom policy revised on August 2012, and interview with the ADOC confirmed the home's program does not provide comfort care measures as required. [s. 52. (1) 3.]

3. The licensee has failed to ensure that when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Review of the home's pain assessment and symptom management policy, last updated August 2012, and interview with the ADOC reveal the the home uses the Faces pain scale and Visual analogue scale when assessing pain in residents who are cognitively impaired.

Review of the resident #1's health records revealed that neither one of the clinically appropriately assessment instruments specifically designed for this purpose have been used to assess the pain for this resident during a specific period in January 2013, when the resident had been experiencing pain daily.

Interview with the ADOC confirmed the clinically appropriately assessment instruments specifically designed for pain were not used in this case. [s. 52. (2)]

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes**  
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

#### **Findings/Faits saillants :**

1. The licensee has failed to ensure that when resident #1 had a weight change of greater than 5% in one month was assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated.

Review of the resident's records revealed that from October to November 2012, the resident had a 6.2% decrease in weight.

Record review and interview with the nutrition services manager confirmed the resident was not assessed and actions were not taken regarding the weight loss.

The previous RD assessed the resident a month and a half later in reference to the initiation of advanced nutritional measures after the resident's condition deteriorated further during November and December, 2012. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**



Specifically failed to comply with the following:

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a documented record is kept in the home that includes:

(c) the type of action taken to resolve the complaint, including the date of the action.

(e) description of the response, and

(f) any response made by the complainant.

Review of the licensee's documented record of complaints from 2011, 2012, 2013 and 2014, and interview with the interim ED revealed that the above mentioned requirements were not included. [s. 101. (2)]

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**Issued on this 15th day of May, 2015**

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





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