



**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 7, 2013	2013_183135_0052	L-000694-13	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

**ELMWOOD PLACE
46 ELMWOOD PLACE WEST, LONDON, ON, N6J-1J2**

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

BONNIE MACDONALD (135)

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): September 24, 2013.

During the course of the inspection, the inspector(s) spoke with Assistant Director of Care, Registered Nurse, Registered Practical Nurse, Personal Support Worker, Office Manager, Consultant Pharmacist, Food Services Manager, 3 Residents and Family Member.

During the course of the inspection, the inspector(s) reviewed the critical incident, related internal investigation, resident clinical records, policies and procedures for Abuse and Neglect, Nutrition and Hydration and related staff training. Observations of residents were conducted in resident home areas.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



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1. The home failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan as evidenced by:

Resident's plan of care indicates the following bowel protocol will be followed when the resident does not have a bowel movement after 2 days:

- Day 3-Milk of Magnesia 30 mls.X1 dose
- Day 4- Milk of Magnesia 30 mls.X1 dose and/or Bisacodyl 10 mg. suppository PR x1 dose (may give concurrently)
- Day 5- Milk of Magnesia 30 mls.X1 dose and/or Fleet enema PR x1 dose (may give concurrently)
- Notify physician if routine ineffective after Day 5

Medical Administration Record review revealed that the resident's Bowel Protocol ordered upon admission was not followed when the resident did not have a bowel movement.

In review of the MAR records with the Assistant Director of Care, she confirmed that resident had not been provided the bowel protocol as per his plan of care.

During an interview the Director of Care confirmed her expectation that care set out in the plan of care be provided to the resident as specified in the plan ensuring that the bowel protocol be followed. [s. 6. (7)]

2. The Licensee failed to ensure the resident was reassessed by the Dietitian and the plan of care reviewed and revised when the resident's care needs changed or care set out in the plan was no longer necessary as evidenced by:

Record review revealed resident had been experiencing ongoing constipation.

Review of resident's plan of care and serverly diet report, revealed that there were no nutritional interventions in place for constipation.

In an interview with the Nutrition Manager, she confirmed there were no nutritional interventions for constipation for this resident.

During an interview the Director of Care confirmed her expectation that the resident be



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reassessed for constipation by the Dietitian and the plan of care be reviewed and revised when the resident's care needs change. [s. 6. (10) (b)]

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 ensuring care set out in the plan of care is provided to the resident as specified in the plan related to the bowel protocol and ensuring that residents are reassessed by the Dietitian for constipation, to be implemented voluntarily.

WN #2: 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 :



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1. The home failed to ensure that the plan, policy, protocol, procedure, strategy or system is complied with as evidenced by:

The home's Nutritional Food and Fluid Intake Monitoring policy, LTC-G-30 August, 2012 states a referral to the RD (Dietitian) will be initiated if a resident's fluid intake for three consecutive days is recorded as less than his/her assessed requirement.

Resident, had been assessed by the home's Dietitian as requiring 1600 mls. fluid intake per day.

Record review revealed resident's intake for 30 days was below 1600 mls./day, 100% of the time. During this time resident's average daily intake was 676 mls. of fluid/day.

In interview with the Nutrition Manager, she confirmed there have been no referrals to the RD for the resident for low fluid intake.

During an interview the Director of Care confirmed her expectation that residents consuming less than his/her assessed fluid requirement for three consecutive days, be referred to the Dietitian for recommendations to promote increased fluid intake. [s. 8. (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 ensuring that plans, policies, protocols, procedures, strategies or systems are complied with when residents consume less than his/her assessed fluid requirement for three consecutive days, be referred to the Dietitian, to be implemented voluntarily.



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Issued on this 7th day of October, 2013

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

Bonnie MacDonald