



**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
performance et de la conformité**

**Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670**

**Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**

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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
Feb 28, 2013	2013_031194_0004	002351-12	Follow up

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

THORNTONVIEW

186 THORNTON ROAD SOUTH, OSHAWA, ON, L1J-5Y2

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 07, 2013

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care(DOC), Registered Practical Nurses (RPN),Registered Nurse(RN) and two identified resident's

During the course of the inspection, the inspector(s) reviewed clinical health records for two residents and licensee's policy on "Pain Assessment and Symptom Management - National Policy LTC-N-60

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



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.)	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 O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

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 :



The licensee failed to comply with O. Reg s.52(2) when the clinical health records for residents #001 and #002, confirmed that clinically appropriate assessment instruments (Pain Monitoring Tools) were not completed to assess their pain.

Review of the licensee's "Pain Assessment and Symptom Management -National Policy" LTC-N-60 (dated March 2012) directs staff;

If pain has been identified, a Pain Monitoring tool will be initiated for 72 hrs.

Initiate Pain Monitoring Tool when:

- PRN Pain Medication is used for 3 Consecutive days

Resident #002 was administered PRN pain medication for three consecutive days, during two different time periods. No clinically appropriate assessment instrument (Pain Monitoring Tool) was completed for resident #002.

The MARS (Medication Administration Records) for resident #002 confirmed that analgesics were administered for three consecutive days, during two different time periods.

Review of the licensee's "Pain Assessment and Symptom Management -National Policy" LTC-N-60 (dated March 2012) directs staff;

If pain has been identified, a Pain Monitoring tool will be initiated for 72 hrs.

Initiate Pain Monitoring Tool when:

- New regular pain medication is ordered;
- There is a dosage increase or decrease of regular pain medication;

The physician's order for resident #001 confirms an order for a new analgesic and an increase in dosage a week later. MARS for resident #001 confirms that analgesics were given. No clinically appropriate assessments(Pain Monitoring Tool)were completed.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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**WN #2: 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).**

Findings/Faits saillants :



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1. The licensee failed to comply with O. Reg s. 6(1)(c) when the plans of care for resident #001 and #002 did not set out clear directions related to interventions for pain.

Resident #001 was observed during morning exercise with affected limb supported on pillows. The resident denies any pain.

The RPN interviewed has confirmed that resident #001 complains of pain in the affected limb, and that staff reposition the resident frequently. RPN stated that staff manage the resident's pain by administering analgesics and elevating the limb.

The RPN and RN interviewed and PSWs observed interacting with resident #001 were knowledgeable in the resident's pain management. The written plan of care for resident #001 does not identify location of pain, pharmacological intervention or the non pharmacological interventions listed above, such as pillow to elevate affected limb or frequent repositioning.[s. 6. (1) (c)]

Resident #002 was interviewed by the inspector. Resident #002 was sitting with legs elevated on a stool. Resident #002 confirmed that pain was experienced in the legs and hip area stating that the pain increased when ambulating, and reduced when elevated on a stool. Resident #002 recently has been using the wheelchair for mobility because of the increase in pain. Resident #002 expressed to the inspector that the decision for analgesics be given on a PRN basis and not wanting to have "pain pills" routinely was respected.

Resident#002 has PRN analgesic order for two analgesics. The RPN interviewed stated that resident #002 would let staff know, which PRN analgesic she would be willing to take, when offered.

The written plan of care for resident #002 does not provide clear direction for staff related to non pharmacological interventions and preferences related to pain management. The written plan of care for resident #002 does not identify the location of the pain, interventions such as elevating legs or the use of wheelchair for mobility when experiencing pain. The written plan of care does not identify the resident's ability to verbalize a preference for pharmacological interventions. [s. 6. (1) (c)]



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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 ensuring that there is a written plan of care for each resident that sets out, clear direction to staff and others who provide direct care to the resident related to pain., to be implemented voluntarily.

Issued on this 5th day of March, 2013

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

Chantal Lafreniere (194)



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**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 performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHANTAL LAFRENIERE (194)

Inspection No. /

No de l'inspection : 2013_031194_0004

Log No. /

Registre no: 002351-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 28, 2013

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD : THORNTONVIEW
186 THORNTON ROAD SOUTH, OSHAWA, ON, L1J-
5Y2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : HEATHER POWER

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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Linked to Existing Order /
Lien vers ordre existant: 2012_031194_0054, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using the "Pain Monitoring Tool" as directed by the licensee's policy when;

- a new pain medication is ordered
- when there is a dosage increase or decrease in pain medication
- PRN pain medication is used

The licensee shall complete regular audits ensuring that the "Pain Monitoring Tool" is being utilized by the nursing staff as directed by the policy.

The licensee shall incorporate the findings from the completed audits into the ongoing educational training for Pain Management, provided to the Registered Nursing staff.

Grounds / Motifs :

1. O. Reg 79/10 s. 52 (2) was issued on July 18, 2012 and November 13, 2012.

The licensee failed to comply with O. Reg s.52(2) when the clinical health records for residents #001 and #002, confirmed that clinically appropriate assessment instruments (Pain Monitoring Tools) were not completed to assess their pain.

Review of the licensee's "Pain Assessment and Symptom Management - National Policy" LTC-N-60 (dated March 2012) directs staff;



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Review of the licensee's "Pain Assessment and Symptom Management - National Policy" LTC-N-60 (dated March 2012) directs staff;

If pain has been identified, a Pain Monitoring tool will be initiated for 72 hrs.

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- New regular pain medication is ordered;
- There is a dosage increase or decrease of regular pain medication;

The physician's orders for resident #001 confirms an order for a new analgesic and an increase in dosage a week later. The MARS for resident # 001 confirms that analgesic was given. No clinically appropriate assessments(Pain Monitoring Tool)were completed.

(194)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2013



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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 28th day of February, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

Chantal Lafreniere

Service Area Office /

Bureau régional de services : Ottawa Service Area Office