



**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**

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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
Aug 23, 2013	2013_031194_0029	002359-12, 000130-13	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

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



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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): August 16, 20 & 21, 2013

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Environmental Support Manager (ESM), Acting Director of Care (ADOC), Resident Service Co-ordinator,(RSC),Maintenance Staff, 1 Registered Practical Nurse (RPN), 1 Registered Nurse (RN), 5 Personal Support Workers (PSW),3 residents

During the course of the inspection, the inspector(s) Reviewed Clinical Health records for 6 residents, 4 Critical Incident Reports, Licensee's operational plan for construction, Deep cleaning of unit plan and observed staff/resident interaction during the provision of care

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Responsive Behaviours**

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



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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. 54. Altercations and other interactions between residents

Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

- (a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and**
- (b) identifying and implementing interventions. O. Reg. 79/10, s. 54.**

Findings/Faits saillants :



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1. The licensee failed to comply with O.Reg s.54(b) when the plan of care for resident #8 did not identify or implement interventions to minimize the risk of altercations between residents.

A Critical Incident was submitted for an altercation between resident #8 and resident #6. As a result of the altercation resident #6 stated being struck by resident #8, an assessment confirmed redness in the area, the altercation was unprovoked.

Another Critical Incident was submitted for an altercation between resident #8 and resident #9. As a result of the altercation resident #9 stated being struck by resident #8 and was assessed to have facial injury.

The plan of care for resident #8 was reviewed and there were no interventions identified or implemented to minimize the risk of altercation to other residents.

Interview with Registered Staff, Personal Support Staff on the unit have verified that resident #8's behaviours have changed and the resident is no longer a risk to other residents at this time. [s. 54. (b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 305.

Construction, renovation, etc., of homes

Specifically failed to comply with the following:

s. 305. (3) A licensee may not commence any of the following work without first receiving the approval of the Director:

- 1. Alterations, additions or renovations to the home. O. Reg. 79/10, s. 305 (3).**
- 2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents. O. Reg. 79/10, s. 305 (3).**

Findings/Faits saillants :



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1. The licensee failed to comply with O.Reg s. 305(3)1 when construction/renovations to the home area was commenced prior to obtaining approval from the Director.

On August 16, 2013 three resident rooms on the Rose Garden unit were inaccessible to the residents between 1000 hours and 1300 hours because of construction work being completed in the rooms. The door to the rooms had barriers in place to restrict entrance to the rooms, a fourth room did not have a barrier but the resident's furniture was pushed against the far wall giving access to the newly dry-walled area. Construction workers were on site working on the drywall and installing lighting and call bell fixtures to the newly applied drywall. No safety risks were observed by the inspector at the time of inspection.

The Executive Director confirmed that an Operation Plan for the construction/renovations being completed, had not been submitted to MOHLTC for approval [s. 305. (3) 1.]

2. An operational plan was submitted to MOHLTC on August 16, 2013 for approval. The inspector was provided with a copy of approval from MOHLTC, on Tuesday, August 20, 2013. All construction work at the home had been stopped until approval was provided by the Director. [s. 305. (3) 1.]

Issued on this 23rd day of August, 2013

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

Chantal Lafreniere (194)