

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: March 18, 2024	
Inspection Number: 2024-1012-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.	
Long Term Care Home and City: Glen Rouge Community, Scarborough	
Lead Inspector Najat Mahmoud (741773)	Inspector Digital Signature
Additional Inspector(s) Jennifer Brown (647)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): February 12 to 16, 20, 22, 26, 2024</p> <p>The inspection occurred offsite on the following date(s): February 15, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00105494 - Proactive Compliance Inspection (PCI)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils

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Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (l)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(l) copies of the inspection reports from the past two years for the long-term care home;

The licensee has failed to ensure that the required information was posted in the home, in a conspicuous and easily accessible location in a manner that complied, specifically (l), copies of the inspection reports from the past two years for the long-

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term care home.

Rationale and Summary

During a review of the posting of information, it was observed that the most recent inspection report was dated October 13, 2021. The home has had five LTCH inspections after the inspection dated October 13, 2021, that were required to be accessible in the home.

The Executive Director (ED) indicated that the inspection report binder had not been updated.

Failure to ensure that the home posted the required information posed a minimal risk to residents.

Sources: Inspections report binder, interviews with ED. [647]

Date Remedy Implemented: February 22, 2024

WRITTEN NOTIFICATION: Windows

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

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The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres.

Rationale and Summary

It was observed that the window in a resident's room opened 12 inches (") or 30.48 centimetres (cm), and the window in another resident's room opened 35" or 88.9 cm.

The Environmental Services Manager (ESM) indicated that there was no formal process to ensure that every window could not be opened more than 15 cm.

Failure to ensure that every window in the home that opened to the outdoors and was accessible to residents, had a screen and cannot be opened more than 15 cm, placed residents at risk for safety.

Sources: Observation, interviews with ESM, and other staff. [647]

WRITTEN NOTIFICATION: Planned Menu Items

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

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The licensee failed to ensure that the planned menu items were offered and available at each meal and snack.

Rationale and Summary

During a meal observation, the posted menu for lunch indicated carrot coconut soup, roast beef on a brioche bun, roasted tomatoes, and a mini croissant. During lunch service, vegetable soup was served to the residents, the brioche bun was replaced with brown bread, roasted tomatoes were not provided to residents and there were no mini croissants offered.

The Food Service Supervisor (FSS) indicated that they were unaware of why the planned menu items did not match what was served to residents.

Failure to offer residents the planned menu items posed a risk to all residents as their nutritional intake was lower than required.

Sources: Observation, posted menu, interviews with the FSS, and other staff. [647]

WRITTEN NOTIFICATION: Food Temperatures

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

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The licensee failed to ensure that food and fluids being served at a temperature that was both safe and palatable to the residents.

Rationale and Summary

During a meal observation, there was no evidence of the food temperatures being checked at point of service.

The Food Service Supervisor (FSS) indicated that food temperatures for hot and cold food were required to be taken at point of service.

Failure to complete food temperatures at point of service to ensure food was being served at a temperature that was both safe and palatable to the residents placed residents at a moderate risk of food-borne illness and decreased enjoyment of their meal experience.

Sources: Observation, review of policy titled "Food Temperatures – Point of Service, interviews with FSS, and other staff. [647]