

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report	
Report Issue Date: September 6, 2023	
Inspection Number: 2023-1601-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Corporation of the County of Grey	
Long Term Care Home and City: Grey Gables Home for the Aged, Markdale	
Lead Inspector Nuzhat Uddin (532)	Inspector Digital Signature
Additional Inspector(s) Romela Villaspir (653)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): August 23-25, 28-31, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00095212 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents' Rights and Choices

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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)

FLTCA, 2021, s. 43 (5) (b)

The licensee has failed to ensure that the actions taken to improve the long-term care home, and the care, services, programs, and goods based on the results of the Resident and Family/Caregiver Experience Survey, were documented and made available to the Residents' Council and the Family Council.

Rationale and Summary

The resident and family satisfaction survey results and action planning 2022, that were shared with the Residents' Council and Family Council, identified items for improvement related to services at the home. However, the actions taken to improve the long-term care home, and the care, services, programs, and goods based on the results of the survey were not documented and made available to the Residents' Council and the Family Council.

On August 30, 2023, the Executive Director (ED) provided documentation of the actions the home had taken in response to the survey results. The ED also posted the document on the home's bulletin board.

Sources: Resident & Family Satisfaction Survey Results & Action Planning 2022, Residents' Council Meeting Minutes January 25, 2023, Family Council Meeting Minutes April 25, 2023, Quality Improvement Opportunities and Initiatives – Grey Gables 2023; Interview with the ED. [653]

Date Remedy Implemented: August 30, 2023

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WRITTEN NOTIFICATION: General Requirements for programs

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

The licensee has failed to ensure that there was a written record of the evaluation programs that included the names of the persons who participated in the evaluation, and a summary of changes that were made, and the date that the changes were implemented.

Rationale and Summary:

The home completed their annual evaluations for the Falls prevention and the Skin and wound care program on December 2022.

Neither of the program evaluations included a date of when the evaluations were completed and the dates that those changes were implemented.

For the skin and wound care program the name of a staff member was not included on the evaluation.

The Director of Care #101 acknowledged that there were no dates for when the changes were implemented and the name of a staff member was missing from the skin and wound evaluation record.

Sources: Home's annual program evaluation records, for Wound and Skin Care Program, and Falls prevention program date reviewed: December 2022, and interviews with DOC #101.

[532]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee has failed to ensure that the home's continuous quality improvement committee was composed of at least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers

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referred to in section 52.

Rationale and Summary

The ED indicated that the home had a continuous quality improvement committee, and they were the designated lead of the home's continuous quality improvement initiative.

The ED acknowledged that as of current, the committee did not include at least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

Sources: Quality Improvement Plan (QIP) Grey Gables Home For the Aged March 31, 2023; Interview with the ED. [653]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

The licensee has failed to ensure that the home's continuous quality improvement committee was composed of at least one member of the home's Residents' Council.

Rationale and Summary

The ED acknowledged that as of current, the committee did not include at least one member of the home's Residents' Council.

Sources: Quality Improvement Plan (QIP) Grey Gables Home For the Aged March 31, 2023; Interview with the ED. [653]

WRITTEN NOTIFICATION: CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.

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The licensee has failed to ensure that the home's continuous quality improvement committee was composed of at least one member of the home's Family Council, if any.

Rationale and Summary

The ED acknowledged that as of current, the committee did not include at least one member of the home's Family Council.

Sources: Quality Improvement Plan (QIP) Grey Gables Home For the Aged March 31, 2023; Interview with the ED. [653]