



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

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

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**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 |
|--|---|--------------------------------|--|
| Oct 22, 2014 | 2014_183135_0086 | 004955-14 | Complaint |

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

Long-Term Care Home/Foyer de soins de longue durée

THE VILLAGE OF RIVERSIDE GLEN
60 WOODLAWN ROAD EAST, GUELPH, ON, N1H-8M8

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 16, 2014.

During the course of the inspection, the inspector(s) spoke with General Manager, Assistant General Manager, Director of Environmental Services, Director of Food Services, Registered Nurse, Neighbourhood Coordinator, 2 Registered Practical Nurses and Resident.

During the course of the inspection, the inspector(s) reviewed resident clinical records and policies and procedures for Lost and Found Items. Observed resident care and services provided in resident home area.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry**



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. 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 :

1. The Licensee failed to ensure that the Resident Lost Clothing/Items Log policy Tab# 05-05, October 2011, was complied with when the following occurred:

The home's Resident's Lost Item Policy #4 states the lost/missing clothing/item will be reported to the Director of Environmental Services or designate. The item will be recorded in the Lost Clothing/Item Log.

Resident #01 reported to nursing staff that her personal belonging was missing and as of October 16, 2014, the resident verified the item has not been found.

Record review with the Director of Environmental Services revealed that the missing item had not been recorded on the Lost Clothing/Item Log and he was unsure if the Environmental Services staff was made aware that the item was missing.

During an interview the Director of Environmental Services confirmed his expectations that when resident's clothing and personal items go missing staff initiate the Lost Clothing/Item Log and inform the resident/representative/family of resolution of the missing item. [s. 8. (1) (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 that the Resident Lost Clothing/Items Log policy is complied with when resident's personal items are missing, to be implemented voluntarily.



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Issued on this 22nd day of October, 2014

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