



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
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Bureau régional de services de
London
130 avenue Dufferin 4ème étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 27, 2015	2015_217137_0041	013760-15	Follow up

Licensee/Titulaire de permis

Schlegel Villages 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

MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 23, 24, 25 and 28, 2015

Five Critical Incident Inspections, under Log #'s, 001354-15, 005371-14, 008524-14 and 008595-14, related to falls prevention and 013892-15, related to pain management, were completed during this Follow-Up Inspection.

During the course of the inspection, the inspector(s) spoke with General Manager, Assistant General Manager, Director of Nursing Care, Assistant Director of Nursing Care, Director of Environmental Services, Director of Food Service, two Registered Dietitians, three Neighbourhood Coordinators, three Resident Assessment Instrument/Quality Improvement (RAI/QI) Nurses, two Kinesiologists, one Administrative Assistant, one Scheduling Coordinator, two Environmental Service Workers, two Food Service Aides, one Chef, one Registered Nurse, three Registered Practical Nurses, eight Personal Support Workers and four Residents.

The Inspector also toured the Neighbourhoods, observed call bell response times, dining and snack service, infection prevention and control practices, reviewed residents' clinical care records, staff education records, relevant policies and procedures and weight monitoring records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Dining Observation

Infection Prevention and Control

Quality Improvement

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

0 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #001	2015_217137_0021		137
O.Reg 79/10 s. 229. (4)	CO #002	2015_217137_0021		137
O.Reg 79/10 s. 31. (3)	CO #003	2015_217137_0021		137
O.Reg 79/10 s. 8. (1)	CO #004	2015_217137_0021		137



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement

Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

- 1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.**
- 2. The system must be ongoing and interdisciplinary.**
- 3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.**
- 4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,**
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and**
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.****

Findings/Faits saillants :



1. The licensee has failed to ensure that the home's quality improvement and utilization review system provided a written description of its goals, objectives, policies, procedures and protocols, and a process to identify initiatives for review.

A written notification of non-compliance and Compliance Order # 006 were previously issued on June 8, 2015, under Log # 008689-15 and Inspection # 2015_217137_0021, related to the quality improvement and utilization review system required under section 84 of the Act was not complied with.

Interviews, observations and record reviews, during the Follow Up inspection, revealed:

1) There was no documented evidence of a written description of the quality improvement and utilization review system that included its goals, objectives, policies, procedures and protocols and a process that identified initiatives for review.

An interview, with the Assistant General Manager, revealed the home's Quality Improvement Program, through the Quality Improvement Framework - Evergreen Model, was in the development stage and has not been implemented by the home.

The Assistant General Manager confirmed the quality improvement and utilization review system required under section 84 of the Act was not complied with and acknowledged the expectation that the system was to be complied with.

The scope of this identified area of non-compliance was widespread, there was previous history of non-compliance of this regulation and the severity was determined to be a level two, minimum harm/potential for actual harm. [s. 228. 1.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



Specifically failed to comply with the following:

**s. 73. (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:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that
 - (a) all direct care staff, volunteers and students received education related to using proper techniques to assist residents with eating, including safe positioning of residents who required assistance and
 - (b) to ensure there was a process in place to monitor on-going compliance in order that proper techniques were used to assist residents with eating, including safe positioning of residents who required assistance.

A written notification of non-compliance and a Compliance Order # 005 were previously issued on June 8, 2015, under Log # 008689-15 and Inspection # 2015_217137_0021, related to proper techniques not being used to assist residents with eating, including safe positioning of residents who required assistance.

The previous Compliance Order included:

- a) Ensuring staff used proper techniques to assist residents with eating, including safe positioning of residents who required assistance.
- b) Ensuring all direct care staff, volunteers and students were to receive education related to using proper techniques to assist residents with eating, including safe positioning of residents who required assistance.
- c) Ensuring there was a process in place to monitor on-going compliance in order that proper techniques were used to assist residents with eating, including safe positioning of residents who required assistance

The compliance date of this order was July 17, 2015.

Dining observations, during the inspection, revealed staff used proper techniques to assist residents with eating, including safe positioning of residents who required assistance and part (a) of the previous Compliance Order was complied with. The licensee failed to comply with (b) and (c) of the previously issued Compliance Order.



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On September 24, 2015, during an interview with the Director of Food Services, it was confirmed that the education for proper feeding techniques was not completed and there was no process in place to monitor on-going compliance to ensure proper techniques to assist residents with eating, including safe positioning of residents who required assistance.

The scope of this identified area of non-compliance was widespread, there was previous history of non-compliance of this regulation and the severity was determined to be a level two, minimum harm/potential for actual harm. [s. 73. (1) 10.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 27th day of October, 2015

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

Original report signed by the inspector.



**Ministry of Health and
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**Ministère de la Santé et
des Soins de longue durée**

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*

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) : MARIAN MACDONALD (137)

Inspection No. /

No de l'inspection : 2015_217137_0041

Log No. /

Registre no: 013760-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Oct 27, 2015

Licensee /

Titulaire de permis :

Schlegel Villages Inc
325 Max Becker Drive, Suite 201, KITCHENER, ON,
N2E-4H5

LTC Home /

Foyer de SLD :

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

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Bryce McBain

To Schlegel Villages Inc, you are hereby required to comply with the following order(s)
by the date(s) set out below:

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*

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*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_217137_0021, CO #006;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 228. Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Order / Ordre :

The licensee has failed to ensure that the home's quality improvement and utilization review system provided a written description of its goals, objectives, policies, procedures and protocols, and a process to identify initiatives for review.

The licensee must take action to achieve compliance by:

Ensuring there is a written description of the quality improvement and utilization review system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.



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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*

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*

Grounds / Motifs :

1. A written notification of non-compliance and Compliance Order # 006 were previously issued on June 8, 2015, under Log # 008689-15 and Inspection # 2015_217137_0021, related to the quality improvement and utilization review system required under section 84 of the Act was not complied with.

Interviews, observations and record reviews, during the Follow Up inspection, revealed:

There was no documented evidence of a written description of the quality improvement and utilization review system that included its goals, objectives, policies, procedures and protocols and a process that identified initiatives for review.

The compliance date for this Order was September 18, 2015.

An interview, with the Assistant General Manager, revealed the home's Quality Improvement Program, through the Quality Improvement Framework - Evergreen Model, was in the development stage and has not been implemented by the home.

The Assistant General Manager confirmed the quality improvement and utilization review system required under section 84 of the Act was not complied with and acknowledged the expectation that the system was to be complied with.

The scope of this identified area of non-compliance was widespread, there was previous history of non-compliance of this regulation and the severity was determined to be a level two, minimum harm/potential for actual harm. (137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 27, 2015

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*

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*

Order # /**Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_217137_0021, CO #005;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 73. (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:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :

The licensee must take action to achieve compliance by:

- a) Ensuring all direct care staff, volunteers and students receive education related to proper techniques used to assist residents, with eating, including safe positioning of residents who require assistance.
- b) Ensuring there was a process in place to monitor on-going compliance in order that proper techniques were used to assist residents with eating, including safe positioning of residents who required assistance

Grounds / Motifs :

1. The licensee failed to ensure that
 - (a) all direct care staff, volunteers and students received education related to using proper techniques to assist residents with eating, including safe positioning of residents who required assistance and
 - (b) to ensure there was a process in place to monitor on-going compliance in order that proper techniques were used to assist residents with eating, including safe positioning of residents who required assistance.

A written notification of non-compliance and a Compliance Order # 005 were previously issued on June 8, 2015, under Log # 008689-15 and Inspection # 2015_217137_0021, related to proper techniques being used to assist residents with eating, including safe positioning of residents who required assistance.

The previous Compliance Order included:

- a) Ensuring staff used proper techniques to assist residents with eating, including safe positioning of residents who required assistance.
- b) Ensuring all direct care staff, volunteers and students were to receive education related to using proper techniques to assist residents with eating, including safe positioning of residents who required assistance.
- c) Ensuring there was a process in place to monitor on-going compliance in order that proper techniques were used to assist residents with eating, including safe positioning of residents who required assistance

The compliance date of this order was July 17, 2015.

Dining observations, during the inspection, revealed staff used proper techniques to assist residents with eating, including safe positioning of residents who required assistance and part (a) of the previous Compliance Order was complied with.



**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
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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*

The licensee failed to comply with (b) and (c) of the previously issued compliance order.

On September 24, 2015, during an interview with the Director of Food Services, it was confirmed that the education for proper feeding techniques was not completed and there was no process in place to monitor on-going compliance to ensure proper techniques to assist residents with eating, including safe positioning of residents who required assistance.

The scope of this identified area of non-compliance was widespread, there was previous history of non-compliance of this regulation and the severity was determined to be a level two, minimum harm/potential for actual harm.

(137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 27, 2015



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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

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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section 154 of the *Long-Term Care
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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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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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*

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 27th day of October, 2015

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** MARIAN MACDONALD

**Service Area Office /
Bureau régional de services :** London Service Area Office