Ontario

**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 |
|---|---|---|---|
| Jan 30, 2013 | 2013_194170_0003 | L-001403-12; L-001831-12 | 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**

RIVERSIDE GLEN LONG TERM CARE FACILITY
60 WOODLAWN ROAD EAST, GUELPH, ON, N1H-8M8

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

DIANNE WILBEE (170)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): January 18 and 21, 2013**

**This inspection relates to L-001403-12 and L-001831-12**

**During the course of the inspection, the inspector(s) spoke with the General Manager, Assistant General Manager, Assistant Director of Care/Infection Control Nurse, Registered Practical Nurse, Personal Care Assistant, Kinesiologist, Neighbourhood Coordinator and Resident.**

**During the course of the inspection, the inspector(s) reviewed the resident's health care record, reviewed applicable policies and procedures, reviewed infection control surveillance records, reviewed falls tracking records, observed resident's room, reviewed pharmacy orientation checklist and reviewed internal documents.**

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

**Infection Prevention and Control**

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee did not ensure that a resident was reassessed when the identified resident's care needs changed. The resident was entered on the Infection Control Daily Surveillance record on an identified date. The physician documented relate to symptoms exhibited by the resident and interventions ordered. There was no nursing documentation to indicate assessment of the change in the status of the resident. [s. 6. (10) (b)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference**

**Specifically failed to comply with the following:**

**s. 27. (1) Every licensee of a long-term care home shall ensure that,**
**(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).**
**(b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).**
**(c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).**

**Findings/Faits saillants :**

1. The licensee did not ensure a care conference of the interdisciplinary team providing a resident's care was held within six weeks following the identified resident's admission. [s. 27. (1) (a)]

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

**Specifically failed to comply with the following:**

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**

1. The licensee did not ensure that drugs were administered to two identified residents in accordance with the directions for use specified by the physician. [s. 131. (2)]

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (5) The licensee shall ensure that on every shift,**
**(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

**s. 229. (5) The licensee shall ensure that on every shift,**
**(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).**

**Findings/Faits saillants :**

1. The licensee did not ensure that on every shift symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. The "Infection Control Daily Surveillance" document indicates on the document that it is to be documented "on every shift". Documentation to reflect consistent monitoring every shift did not occur for two specified time frames. [s. 229. (5) (a)]

2. The licensee did not ensure that on every shift the symptoms (of infection) are recorded and that immediate action is taken as required. The " Infection Control Daily Surveillance" document did not include documentation to reflect an ongoing record of residents' symptoms on every shift. [s. 229. (5) (b)]

**Issued on this 30th day of January, 2013**

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

Diane Hilbee #170