



**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
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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
Nov 5, 2013	2013_226192_0016	L-000749-13	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

DEBORA SAVILLE (192)

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 17, 2013

During the course of the inspection, the inspector(s) spoke with residents, family members, volunteers, Personal Support Workers, registered staff, the Resident Assessment Instrument (RAI) Coordinator, and the Assistant Director of Care.

During the course of the inspection, the inspector(s) observed meal service and the care of residents, reviewed medical records, training information and policy and procedure.

The following Inspection Protocols were used during this inspection:



**Contenance Care and Bowel Management
Personal Support Services**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 failed to 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, the resident's care needs change or care set out in the plan is no longer necessary.

Resident #006 was observed in October 2013 at the evening meal to be playing with their food, having consumed only a few bits of their evening meal and having taken only a few sips of fluids. Staff provided occasional supervision and offered encouragement for brief periods through the meal.

The plan of care indicated that resident #006 was on a modified diabetic maintenance diet, regular texture and that they required assistance opening cartons, cutting meat, but did not require further assistance.

Interview with staff of the home area and the Resident Assessment Instrument (RAI) Coordinator indicated that in the last two to three weeks resident #006 had started to mix their food and required assistance to start the meal with hand to hand contact from staff. Resident #006 may also require assistance up to and including total feeding due to an overall decline in the residents condition.

The plan of care had not been updated with this change in condition and additional assistance required. [s. 6. (10) (b)]



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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 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change, to be implemented voluntarily.

WN #2: 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 of a long-term care home failed to ensure that where the Act or Regulation requires the licensee 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, is complied with.

The homes policy titled Spa(Shower, Tub Bath, Sponge Bath) dated January 2013 indicates that residents are to be bathed at a minimum of twice per week based on resident needs/request and on page 2 states: 19. Document type of spa provided and the level of assistance provided on the Personal Support Worker (PSW) Flow Sheet, including nail and skin care.

The records of three residents of the specified home area were reviewed on October 17, 2013. Bathing was not consistently documented twice weekly for three of three residents reviewed.

Interview with staff confirms that baths are to be recorded on the resident's flow sheet in addition to being signed on the bath schedule. [s. 8. (1) (b)]

2. The homes policy titled Nutrition and Hydration dated April 2013 states on page 1 of 8:

3. Personal Care Assistants (PCA) will take note of the meal each resident is served, as well as the total amount of fluids served to each Resident. This will ensure accurate documentation.

During observation of the evening meal on October 17, 2013 resident #004 was observed to have eaten all of the protein, and approximately 50% of the other items on their plate.

Documentation completed for resident #004 indicated that the resident consumed all of the protein and all of other items on the plate.

During observation of the evening meal on October 17, 2013 resident #005 was observed to have eaten approximately 66% of their meal - leaving some protein and some other items on the plate. Documentation completed for resident #005 indicated that the resident consumed all of the protein and all of other items on the plate.

During observation of the evening meal on October 17, 2013 resident #006 was observed to have eaten only occasional bites of the meal served and taken only sips



of fluid.

Documentation completed for resident #006 indicated that the resident ate 1/4 of their meal and consumed 350 millilitres (ml) of fluid.

The documented intake of residents #004, #005 and #006 did not reflect an accurate record of their food and fluid intake on October 17, 2013. [s. 8. (1) (b)]

3. The home's education package, related to restorative dining establishes expectations related to feeding and directs that when feeding staff are to: Keep each of the foods on the plate separated from each other; inform the resident what they are eating and to feed only when alert-fatigued/sleeping residents pose a problem for swallowing.

During observation of the evening meal on October 17, 2013 the pureed meals for residents #004 and #007 were observed to be mixed together on the plate. Each spoonful provided to the residents contained a mixture of protein and other items on the plate. No communication with the resident indicated to the resident what they were eating.

Resident #007 was observed to be sitting with their eyes closed and not engaged in the meal or other activity in the dining room. The staff member attempting to assist resident #007 made unsuccessful attempts to feed resident #007 and proceeded to attempt to feed resident #007 in spite of the resident sleeping throughout the meal. No communication with the resident indicated to the resident what they were eating.

The homes restorative dining practices were not followed for the observed meal on October 17, 2013. [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 bathing provided is documented in the resident's medical record, that resident intake of food and fluids is accurately recorded and that the home's restorative dining practices are followed, to be implemented voluntarily.



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Issued on this 5th day of November, 2013

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

Debra Saville (192)