

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 23, 2022	2022_902622_0005	019535-21	Complaint

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 Peterborough ON K9J 6X6

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

The Village Green Nursing Home
166 Pleasant Drive P.O. Box 94 Selby ON K0K 2Z0

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

HEATH HEFFERNAN (622)

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): March 9, 10, 11, 21, 22, 2022.

**The following intake was completed in this Complaint Inspection:
Log #019535-21, IL-96103-OT related to resident care and services.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Nursing Administrative Services Manager (NASM), Registered Nurses (RNs), Personal Support Workers (PSWs), a Health Care Aide (HCA), a housekeeper and the residents.

Also during the inspection, the inspector reviewed complaint documents, resident health records, the licensee's policies and procedures; Policy #HR-MH-5 - Scheduling and Call-in Procedures, updated February 7, 2019, Policy #IF-COVID-1.7 - Managing Visitors, reviewed February 2022, Policy #IF-COVID-1.8- Managing Essential Care Givers, reviewed February 2022, the Daily Personal Support Worker (PSW) assignment sheets, Instruction for Assignments When Short Staffed guidance sheet, Infection Prevention and Control Education for Visitors, maintenance documents and observed resident care and services.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Safe and Secure Home
Sufficient Staffing**

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

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of the care set out in the bathing plan of care for two residents was documented.

Review of the resident bath schedules indicated that both residents were to have two baths weekly.

Review of the point of care bath flow sheets on Med e-care indicated that one resident's baths were not documented as completed on two dates: one in November and the other in December 2021.

A second resident had one bath not documented as completed during the month of December 2021.

Personal Support Workers (PSWs) stated that the two residents had their baths on the dates in November and December 2021, however the care was not documented.

Sources: review of bath schedules, point of care bath flow sheets, interview of PSW and other staff. [s. 6. (9) 1.]

Issued on this 24th day of March, 2022

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

Original report signed by the inspector.