



**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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

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

**Division des foyers de 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
May 8, 2019	2019_570528_0014	025616-18, 000625-19	Critical Incident System

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 Tansley Woods
4100 Upper Middle Road BURLINGTON ON L7M 4W8

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

CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): April 29, May 3 and 7, 2019.

This Critical Incident Inspection included log #025616-18 related to allegations of neglect, and log #000625-19 related to falls.

This inspection was completed concurrently with Follow Up Inspection #2019_803748_0002 for which, Inspector Emmy Hartmann #748 was present.

During the course of the inspection, the inspector(s) spoke with the Interim Assistant General Manager, the Director of Nursing Care (DONC), Assistant Director of Nursing Care (ADONC), Registered Dietitian (RD), registered nurses (RN), registered practical nurses (RPN), personal support works (PSW), residents and families.

During the course of the inspection, the inspector(s) also observed the provision of care and services, reviewed documented including: clinical health records, staff schedules, investigation notes, policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 where the Act or Regulation required the licensee of a long-term care home to have, institute or other wise put in place any policy, the licensee was required to ensure that the policy was complied with.

In accordance with Section 11 (1) (b) of the Act and Section 68 of Ontario Regulation 79/10, the licensee shall ensure that the nutrition care and hydration program included a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Specifically, staff did not comply with the licensee's policy 'Nutrition and Hydration: 07-24', which was part of the licensee's Nutritional Care and Hydration program.

The home's Nutritional and Hydration policy, included the following procedure to monitor hydration:

- a. at the end of each day, the night RPN/RN reviewed the fluid consumed by the resident using the 'Look Back Report'
- b. the RPN/RN assessed for signs and symptoms via the Dehydration Risk Screener and if a resident exhibited one or more signs and symptoms of dehydration a Dietitian Referral was required.
- c. if a resident fluid intake was less than 1000 milliliters (mls) for three consecutive days, the resident was referred to the RD unless; the RD had stated that the fluid intake of 1000 mls per day was appropriate and usual for the resident or no signs and symptoms of dehydration were present.

Review of the plan of care identified that resident #005 was at nutritional risk. On an identified date, a nutritional assessment identified that the resident required nutritional



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interventions and specific fluid requirements.

Review of the resident's dietary intake Look Back Report identified that the resident's fluid intake was less than 1000 mls for three consecutive days on several occasions over two months. Review of the plan of care included one Dehydration Risk Assessment and dietary referral in the second month. Interview with the ADONC, confirmed that prior to the referral, the resident's daily intake was less than 1000mls on the days identified; however, dehydration risk assessment or referrals to the RD were not completed every three days, as required in the policy. Interview with the RD, confirmed that dehydration risk assessments were not completed and they did not receive a referral from registered staff as required in the home's policy, when the resident's intake was less than 1000mls per day. [s. 8. (1) (a),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 to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or other wise put in place any policy, the licensee is required to ensure that the policy is complied with, to be implemented voluntarily.

Issued on this 24th day of June, 2019

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

Original report signed by the inspector.