



**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**

**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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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 13, 2016	2016_271532_0021	028500-16	Resident Quality Inspection

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 WINSTON PARK
695 BLOCK LINE ROAD KITCHENER ON N2E 3K1

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

NUZHAT UDDIN (532), JANETM EVANS (659)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 4, 5, 6, 7, 11, 2016.

During the course of the inspection, the inspector(s) spoke with General Manager, Director of Nursing and Personal Care, Neighbourhood Coordinator(s), , Food Service Manager, Environmental Service Manager(s) , Recreation and Program Services Manager, Resident Assessment Instrument (RAI) Coordinator, Dietitian, Kinesiologist , Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, Maintenance staff, Family and Resident Council Representatives, Residents and Family members. Inspector also toured the resident home areas and common areas, medication rooms, spa rooms, observed resident care provision, resident/staff interaction, dining services, medication administration, medication storage areas, reviewed relevant residents clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection, and observed general maintenance and cleaning of the home.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Skin and Wound Care**

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

**2 WN(s)
2 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

Legendé

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



Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

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 :

The licensee has failed to ensure that the care was provided as set out in the plan of care.

An identified resident's plan of care gave specific directions to staff in regards to nutrition and providing an assistive device during meal and snack.

Observation during breakfast and afternoon snack revealed that the specific instructions were not followed and the assistive device was not provided to the resident.

POA was present during an interview with the identified resident and they expressed concerns that the resident was to receive the assistive device to prevent potential harm.

In an interview PSW stated that they had not known that the assistive device was to be used for the identified resident.

In an interview the Dietary Manager (DM) stated that the information about the resident's assistive devices was documented in the servery. She showed the documentation which was aligned with the residents' plan of care. She confirmed that she did not see any assistive device in the servery for staff to provide to the resident to use as set out in the plan of care.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be isolated as it was identified for one resident and there was a history of previous written notification related to the same Legislation [s. 6.



(7)]

2. The licensee has failed to ensure that the resident was 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 was no longer necessary.

An identified resident's plan of care gave specified instructions regarding nutrition and assistive devices.

Observation during breakfast and afternoon snack revealed that the specific instructions were not followed and the assistive devices were not provided to the resident as stated in the plan of care.

In an interview the Dietary Manager (DM) stated that she was not familiar with what was on the snack and nutrition cart and that she had not reviewed or updated any of this information yet.

In an interview the Registered Dietitian (RD), stated that the plan of care was not up to date as the resident did not want to use one of the assistive devices. She also stated that the nutrition snack cart and documentation on the snack cart had not been updated to reflect the identified resident current needs as it was from September 2016 and the plan of care was not reviewed or revised when the care needs set out in the plan was no longer necessary.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be isolated as it was identified for one resident and there was a history of previous written notification related to the same Legislation [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 to ensure that the care was provided as set out in the plan of care and to ensure that the plan of care is reviewed and revised when the care needs change and/or the care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.

The member of the Residents' Council indicated that the home did post the results from the satisfaction survey on the resident board but had not discussed it with the Residents' Council.

In an interview the Director of Recreation acknowledged that the home did not seek the advice of the Residents' Council in developing or carrying out the satisfaction survey as there was no flexibility in changing the questionnaire. The survey was done in conjunction with the university and the instructions for the home staff was to carry out the survey as the questions were written with no interpretation or clarification to ensure the results were comparable across the province.

General Manager (GM) indicated that the residents have expressed that they did not understand the questions for them to answer it appropriately. He confirmed that since there was no room to make changes to the survey the home did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey and in acting on its results.

The severity of this area of non-compliance was minimal harm. The scope was determined to be widespread as it was affecting most of the resident residing at the home and there was a history of previous written notification related to the same Legislation. [s. 85. (3)]

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 the home seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results, to be implemented voluntarily.



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Issued on this 13th day of October, 2016

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

Original report signed by the inspector.