

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

**Central West District**  
609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Original Public Report**

<b>Report Issue Date:</b> October 18, 2023	
<b>Inspection Number:</b> 2023-1274-0007	
<b>Inspection Type:</b> Critical Incident Post-Occupancy Follow up	
<b>Licensee:</b> Schlegel Villages Inc.	
<b>Long Term Care Home and City:</b> The Village of Winston Park, Kitchener	
<b>Lead Inspector</b> Alicia Campbell (741126)	<b>Inspector Digital Signature</b>  Alicia Campbell <small>Digitally signed by Alicia Campbell Date: 2023.10.20 16:09:06 -04'00'</small>
<b>Additional Inspector(s)</b> Janis Shkilnyk (706119)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): September 27-29 and October 4-6, 10, 12, 2023

The following intake(s) were inspected:

- Intake #00090885, CI #2783-000013-23 - related to a fall of a resident resulting in injury.
- Intake #00089700, CI #2783-000011-23 - related to an injury of unknown cause.
- Intake #00097515, Post Occupancy Inspection
- Intake #00099195, Follow-up #: 1 - O. Reg. 246/22 - s. 12 (1) 1. ii. - related to the door access control system

The following intake(s) were completed:

- Intake #00087931, CI #2783-000009-23 - related to a fall of a resident resulting in injury.
- Intake #00089629, CI #2783-000010-23 - related to a fall of a resident resulting in injury.
- Intake #00090441, CI #2783-000012-23 - related to a fall of a resident resulting in injury.
- Intake #00091854, CI #2783-000014-23 - related to a fall of a resident resulting in injury.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #901 from Inspection #2023-1274-0007 related to O. Reg. 246/22, s. 12 (1) 1. ii. inspected by Alicia Campbell (741126)

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

- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Staffing, Training and Care Standards
- Falls Prevention and Management

## INSPECTION RESULTS

### IMMEDIATE COMPLIANCE ORDER [ICO #901] Doors in a home

#### NC #001 Immediate Compliance Order (ICO)

O. Reg. 246/22, s. 12 (1) 1. ii., served on October 10, 2023

This ICO was complied during this inspection.

Date Complied: October 12, 2023

### WRITTEN NOTIFICATION: Pain management

#### NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (2)

The licensee has failed to ensure that when a resident experienced an injury and complained of pain, that their pain was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

#### Rationale and Summary

A resident experienced signs of pain and an intervention was applied. The resident experienced pain two more times in the next two weeks. The resident was assessed at that time and an injury was identified.

The home's pain management program policy stated that registered staff were to complete a pain

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assessment using the appropriate tool based on the resident's cognitive abilities when pain was observed or communicated. They were to make a referral to the appropriate interprofessional team member.

The Director of Care (DOC) stated that they would expect that a pain assessment be completed when a resident experienced pain.

The home's failure to have the residents pain assessed by a registered staff when signs of pain were identified lead to a potential delay in responding to their discomfort.

**Sources:** Review of residents clinical records, Interviews with staff, Pain Management Program policy 04-48, last reviewed February 2023.

[706119]

## **WRITTEN NOTIFICATION: Maintenance services**

### **NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

The licensee was required to install a resident-staff communication and response system (RSCRS) system to ensure that residents could receive assistance by activating a call station to alert staff. The system was to be comprised of many devices and parts, all requiring routine, preventive and remedial maintenance. These included but were not limited to handheld mobile devices.

### **Rationale and Summary**

During the inspection, on four occasions that included testing of resident room call bells, a door alarm and a spa room alarm, they did not display their location on three different mobile devices being used by staff. When a staff member was asked what course of action would be taken when they identified an issue with their mobile device, they did not know.

The Director of Environmental Services identified that the home had no preventative or routine procedures with respect to maintenance of the RSCRS (all components). They stated the home's process was to repair equipment as issues were identified.

Failure to ensure that schedules and procedures were in place (developed and implemented) for routine, preventative and remedial maintenance for the RSCRS, may create a situation whereby

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residents will not be able to use the system and not receive care when requested.

**Sources:** Observations of staff hand held devices, interviews with staff.

[706119]

## WRITTEN NOTIFICATION: Infection prevention and control program

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to implement a standard issued by the Director with respect to infection prevention and control.

The Licensee failed to ensure that Routine Practices were followed in the IPAC program in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard). Specifically, that environmental controls were in place regarding the location/placement of resident's equipment as is required by Additional Requirement 9.1 e) i. under the IPAC Standard.

### Rationale and Summary

During a pre-occupancy review it was identified and shared with the home that storage of residents' washbasins and bedpans on top of toilet tanks, on the vanity counter or on grab or towel bars was not acceptable.

During the current post-occupancy inspection, residents' bedpans and washbasins were observed on the back of toilets, on top of cupboards, on the floor under the sink, and on the sink.

The Director of Care (DOC) indicated there should be a designated area where these items are to be stored for infection control and contamination purposes. They stated the places the home had planned to store these items were not big enough to fit the items, and this was a work in progress.

**Sources:** Observations; Interviews with staff; Personal Ware Care 06-02 Policy.

[741126]

## COMPLIANCE ORDER CO #001 Doors in a home

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**NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with [FLTCA, 2021, s. 155 (1) (b)]:**

The plan must include but is not limited to:

The licensee shall prepare, submit and implement a plan to ensure that the doors leading into the construction zone from the long-term care home are equipped with locks to restrict unsupervised access to these areas by residents, and these doors must be kept closed and locked when they are not being supervised by staff.

The plan shall include but is not limited to:

1. A description of the steps that will be taken to ensure the doors to the construction zone on the first and second floor of the long-term care home are kept closed and locked when they are not being supervised by staff.
2. Identify steps that will be taken when the second floor door is opened for deliveries, including how the home will ensure the doors are closed and locked again.
3. A description of the steps that will be taken to ensure mechanical room doors on the first floor of the long-term care home are kept closed and locked when they are not being supervised by staff.

Please submit the written plan for achieving compliance for inspection #2023-1274-0007 by October 27, 2023.

Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**

The licensee has failed to ensure all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to these areas by residents, and these doors were kept closed and locked when they were not being supervised by staff.

**Rationale and Summary**

Three doors leading to non-residential area's were found unlocked and unsupervised. A mechanical room door was found propped open on the first floor, near an unlocked door into a construction zone. Construction workers working in this area informed the Long-Term Care Homes Inspector this door into

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the construction zone did not have the function to lock. Another unlocked door into the construction zone was found on the second floor. The Director of Environmental Services and a construction worker indicated that this door had not been able to be locked since someone had accidentally bent the frame out of place. The length of time the two doors into the construction zone had been unlocked and unable to be locked could not be determined.

The General Manager was immediately made aware of the unlocked, unsupervised doors and was informed a plan needed to be put into place regarding the doors to the construction zone. The General Manager informed the Long-Term Care Homes Inspector that the door on the first floor had been bolted shut and the door on the second floor had been secured with a lock and was to be locked at all times. Additionally, in the short term, the home was going to have a security person stationed outside the construction doors to ensure they were closed and locked.

The door into the construction zone on the second floor was again found to be unsupervised and unlocked. The General Manager was informed and further interventions were put in place by the home at this time.

The failure of the home to ensure doors into non-residential areas, including doors into an active construction site, were kept closed and locked put residents at risk.

**Sources:** observations, photos; Interviews with construction workers, and staff; Winston Park Written Procedure To Address Access to Areas of LTC Under Construction.

[741126]

**This order must be complied with by**

October 31, 2023

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## **REVIEW/APPEAL INFORMATION**

### **TAKE NOTICE**

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

#### **Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

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**Immediate Compliance Order**

**Original Public Report**

<b>Report Issue Date:</b> October 10, 2023	
<b>Inspection Number:</b> 2023-1274-0007	
<b>Inspection Type:</b> Critical Incident Post-Occupancy	
<b>Licensee:</b> Schlegel Villages Inc.	
<b>Long Term Care Home and City:</b> The Village of Winston Park, Kitchener	
<b>Lead Inspector</b> Alicia Campbell (741126)	<b>Inspector Digital Signature</b>  Digitally signed by Alicia Campbell Date: 2023.10.20 15:50:51 -04'00'
<b>Additional Inspector(s)</b> Janis Shkilnyk (706119)	

**INSPECTION REPORT SUMMARY**

The inspection occurred on the following date(s): October 10, 2023

The following intake was inspected:

- Intake: #00097515-Post Occupancy Inspection

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## COMPLIANCE ORDER [ICO #901] Doors in a home

NC# 001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. ii.

### The Inspector is ordering the licensee to:

FLTCA, 2021, s.155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

### Compliance Order: [FLTCA 2021, s. 155 (1)]

The licensee has failed to comply with O. Reg. 246/22, s. 12 (1) 1. ii.

The licensee shall prepare, submit and implement a plan to ensure that the main entrance door to the home is equipped with a door access control system that is kept on at all times.

The plan shall include but is not limited to:

1. A description of the steps that will be taken to ensure the front entrance door access control system is on at all times.
2. Identify steps that will be taken when the front entrance door access system requires a temporary bypass, including how the home will ensure the door access alarm is engaged again.

Please submit the written plan for achieving compliance for inspection 2023-1274-0007 by October 11, 2023, by 15:00 hours.

Please ensure that the submitted written plan does not contain any PI/PHI.

### Grounds

The licensee has failed to ensure that the front entrance door was equipped with a door access control system that was kept on at all times.

### Rationale and Summary

On four occasions the front entrance of the long-term care home was found unlocked and unsupervised by staff. On at least two of these occasions the bypass feature of the door access control system was engaged. The cause and length of time the doors were unlocked or on bypass was undetermined.

The Director of Environmental Services indicated that contractors visiting the home were using the bypass feature of the front door access control system and not notifying the home, so the door was left unarmed and unlocked. They stated that this had happened several times now. They stated that when doors to the outside of the home were not functioning a staff member was supposed to be put in place until the door was fixed.

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The General Manager and the Director of Business Process Development provided the Long-Term Care Homes Inspector with a written procedure outlining changes that had been made to ensure the front door was not left on bypass again.

Subsequently, the front door was found unlocked and on bypass again. The home was not aware of how or when the door came to be on bypass.

When the front door access control system was not engaged at all times and the entrance was found unlocked, there was risk of resident elopement or injury.

**Sources:** Observations; Interviews with the General Manager, Assistant General Manager, Director of Environmental Services, Director of Business Process Development; Written Procedure to Address Access to Areas of LTC Under Construction.

[741126]

**This order must be complied with by:** October 12, 2023

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- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act;
- (b) An AMP issued by the Director under section 158 of the Act; or
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**Health Services Appeal and Review  
Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
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