



**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 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  
performance et de la conformité**

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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 1, 2015	2015_259520_0015	008251-15	Complaint

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### Licensee/Titulaire de permis

Schlegel Villages Inc  
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF GLENDALE CROSSING  
3030 Singleton Avenue LONDON ON N6L 0B6

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

SALLY ASHBY (520)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): May 27, 28, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Registered Practical Nurse (RPN), Neighborhood Co-ordinator, Kinesiologist, Personal Support Worker (PSW) and a Family Member.**

**During the course of the inspection, the inspector(s) observed Residents and staff, toured Resident home areas, reviewed Resident's clinical records, observed lunch service on two consecutive dates and relevant policies and procedures.**

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

**Nutrition and Hydration**

**Personal Support Services**

**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	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 O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

In an interview the Resident's family member expressed concerns that the Resident did not receive their baths as scheduled.

A review of the Resident's bath flow sheets for a three month period revealed the following:

The Resident received one bath in a one week period 2 of 4 weeks (50%)

The Resident did not receive a bath in a one week period 2 of 4 weeks (50%)

An interview with the Neighborhood Co-ordinator verified that all baths, showers and bed baths were marked on the bath flow sheets and were not charted elsewhere. The Co-ordinator also confirmed that all Residents should be offered two baths or showers per week and that refusals would be marked on the bath flowsheet.

An interview with the Administrator verified it was the expectation of the home that all Residents be offered two baths or showers per week. The Administrator confirmed that if the documentation was not on the bath flowsheet than it was considered not completed.

The Neighborhood Co-ordinator confirmed the missing documentation on the bath flowsheets and verified that the Resident had not been given at a minimum 2 baths or showers per week. [s. 33. (1)]

***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 resident is bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,  
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the resident who is dependent on staff for repositioning been repositioned every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load, and while asleep if clinically indicated.

In an interview the Resident's family member expressed concerns that the Resident was not being repositioned as scheduled.

A review of the Resident's repositioning record for a three month period revealed the following:

During one month repositioning was not documented for a certain period 25 out of 31 days (81%)

During another month repositioning was not documented for a certain period 22 out of 30 days (73%)

During another month repositioning was not documented for a certain period 4 out of 27 days (15%)

An interview with the Neighborhood Co-ordinator verified that all repositioning was documented on the repositioning record. The Co-ordinator further confirmed that repositioning was expected to occur to prevent skin breakdown and for Resident comfort.

The Administrator verified that missing documentation indicated that the repositioning had not occurred.

The Neighborhood Co-ordinator confirmed the missing documentation on the repositioning record and verified that the Resident had not been repositioned as scheduled. [s. 50. (2) (d)]



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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 resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load, and while asleep if clinically indicated, to be implemented voluntarily.***

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**Issued on this 1st day of June, 2015**

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

**Original report signed by the inspector.**