



**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
le Loi de 2007 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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
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130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jul 27, 2016;	2016_262523_0026 (A1)	017014-16	Follow up

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 GLENDALE CROSSING
3030 Singleton Avenue LONDON ON N6L 0B6

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



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ALI NASSER (523) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Compliance Dates were changed as per discussion with Administrator.

Issued on this 27 day of July 2016 (A1)

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

Original report signed by the inspector.



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ALI NASSER (523) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): June 28, 29 & 30, 2016.

This inspection was conducted to follow up on orders #001, #002, #004, #008, #009 & #014 issued on May 12, 2016, inspection # 2016_262523_0016.

During the course of the inspection, the inspector(s) spoke with the General Manager, Director of Nursing, a Personal Expression Resource Team Registered staff and Personal Support worker, one resident and one family member.

The inspector(s) also conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed medication and drug storage areas.

The following Inspection Protocols were used during this inspection:

Medication

Nutrition and Hydration

Personal Support Services

Responsive Behaviours

Safe and Secure Home



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

3 WN(s)

0 VPC(s)

4 CO(s)

2 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 129. (1)	CO #001	2016_262523_0016	537
O.Reg 79/10 s. 16.	CO #008	2016_262523_0016	635



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.) 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. 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 :

1. The licensee had failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

This was a follow up to an order that was previously issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order included that 'The licensee shall ensure that the resident receives encouragement and assistance during meal time, staff will document their approach and re-approach if needed and resident's refusal and behaviours exhibited'.

Clinical record review and staff interviews revealed that, when the resident refused a meal, there was no completed documentation about behaviours exhibited by the resident, approach and re-approach if needed.

During this inspection the licensee was found to have not met compliance with the above compliance order.

This non-compliance was previously issued as a Written Notification and a Voluntary Plan of Correction on May 25, 2015.

This non-compliance was previously issued as Written Notification and a



Compliance Order on December 18, 2015, Inspection #2015_183128_0023 and compliance date of January 15, 2016, and was complied with on February 11, 2016.

This non-compliance was previously issued as a Written Notification and a Compliance Order on May 12, 2016, under inspection #2016_262523_0016 and compliance date of May 31, 2016.

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, a goal in the plan is met; the resident's care needs change or care set out in the plan is no longer necessary; care set out in the plan has not been effective.

This was a follow up inspection to an order that was issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order stated that 'The licensee shall ensure that resident's responsive behaviours are 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 is no longer necessary.

The licensee shall ensure that the plan for compliance that was submitted by the home in response to compliance order issued on December 18, 2015, under log # 031635-15 and inspection # 2015_183128_0023 with a compliance order date of January 15, 2016, is fully implemented specifically but not limited to the following:

The completion of the ABC charting by team members when responsive behaviors are exhibited by the resident

Review of the plan of care with all team members and anytime time there is a revision'

Clinical record review and staff interviews revealed that the home's behavioural reassessment was partially based on a behavioural monitoring charting which was incomplete and does not include all exhibited behaviours, interventions and re-approaches.

GM #100 said in an interview that home's expectation would be that the assessment and reassessment be based on accurate information and then the plan of care will be updated based on that assessment and reassessment.



During this inspection the licensee was found to have not met compliance with the above compliance order.

This non-compliance was previously issued as a Written Notification on March 4, 2013, inspection #2013_185112_0019.

This non-compliance was previously issued as a Written Notification and a Compliance Order on December 18, 2015, under inspection #2015_183128_0023 with a compliance date of January 15, 2016. This order was not complied with.

This non-compliance was previously issued as a Written Notification and a Compliance Order on May 12, 2016, under inspection #2016_262523_0016 with a compliance date of May 31, 2016.

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 001,002

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 19. Duty to protect

Findings/Faits saillants :



The licensee has failed to ensure that residents were protected from abuse by anyone in the home.

This was a follow up inspection to an order that was issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order stated that 'the licensee shall ensure that the home completes a review of the process of identifying abuse and neglect, altercations between residents that result in abuse and residents that are at risk, and to document the review to include action and education plans; to implement strategies to protect resident from abuse and neglect by anyone and care plan for residents who exhibit behaviours as well as residents who are at risk of harm by residents with behaviours; to ensure that all staff receive education and training on prevention of abuse and neglect and particularly on the actions, plans and strategies implemented in the home as outlined in this order.

Process review and staff interviews revealed that the home was still in the process of completing this process review, thus the home was found to have not complied with the above order.

This non-compliance was previously issued as a Written Notification and a Compliance Order on October 28, 2014, and was complied with.

This non-compliance was previously issued as a Written Notification and a Voluntary Plan of Correction on October 6, 2015.

This non-compliance was previously issued as a Written Notification and a Compliance Order on May 12, 2016, under inspection #2016_262523_0016 with a compliance date of May 31, 2016.

Additional Required Actions:



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CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 003

**WN #3: 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 :



The licensee has failed to 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.

This was a follow up inspection to an order that was issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order stated that ' The licensee 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.

The licensee shall ensure that the action plan submitted by the home in response to compliance order issued on December 18, 2015, under log # 031635-15 and inspection # 2015_183128_0023 with a compliance order date of December 30, 2015, is fully implemented, specifically but not limited to the following:

Team huddle when resident declines a bath.

Documentation of approach, declining and re-approach'.

Clinical record review and staff interviews revealed that, when a bath was not offered to a specific resident or resident refused a bath, there was not a documented evidence of behaviours exhibited by the resident, approach, declining and re-approach.

During this inspection the licensee was found to have not met compliance with the above compliance order.

This non-compliance was previously issued as a Written Notification and a Voluntary Plan of Correction on May 27, 2015.

This non-compliance was previously issued as Written Notification and a Compliance Order on December 18, 2015, Inspection #2015_183128_0023 and a compliance date of December 30, 2015. The Order was not complied with.

This non-compliance was previously issued as a Written Notification and a Compliance Order on May 12, 2016, under inspection #2016_262523_0016 with a compliance date of May 31, 2016.



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Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 004

DR # 002 – The above written notification is also being referred to the Director for further action by the Director.



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soins de longue durée**

Issued on this 27 day of July 2016 (A1)

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ALI NASSER (523) - (A1)

Inspection No. /

No de l'inspection : 2016_262523_0026 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 017014-16 (A1)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jul 27, 2016;(A1)

Licensee /

Titulaire de permis : Schlegel Villages Inc
325 Max Becker Drive, Suite 201, KITCHENER, ON,
N2E-4H5

LTC Home /

Foyer de SLD : THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue, LONDON, ON, N6L-0B6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MICHELLE VERMEEREN



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

To Schlegel Villages Inc, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
Linked to Existing Order / Lien vers ordre existant:	2016_262523_0016, CO #014;

Pursuant to / Aux termes de :

LTCHA, 2007, 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).

Order / Ordre :

The licensee shall ensure that resident #001 receives encouragement and assistance during meal time, staff will document their approach and re-approach if needed and resident's refusal and behaviours exhibited.

The licensee shall appoint a management/supervisory staff person to monitor/audit the completion of documentation on a daily basis. This audit will be documented and reviewed on a weekly basis with the ED.

The licensee will ensure all staff are educated to complete this task and the licensee will maintain documentation to show this education was completed by each staff person working with resident #001.



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Grounds / Motifs :

1. The licensee had failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

This was a follow up to an order that was previously issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order included that 'The licensee shall ensure that the resident receives encouragement and assistance during meal time, staff will document their approach and re-approach if needed and resident's refusal and behaviours exhibited'.

Clinical record review and staff interviews revealed that, when the resident refused a meal, there was no completed documentation about behaviours exhibited by the resident, approach and re-approach if needed.

During this inspection the licensee was found to have not met compliance with the above compliance order.

This non-compliance was previously issued as a Written Notification and a Voluntary Plan of Correction on May 25, 2015.

This non-compliance was previously issued as Written Notification and a Compliance Order on December 18, 2015, Inspection #2015_183128_0023 and compliance date of January 15, 2016, and was complied with on February 11, 2016.

This non-compliance was previously issued as a Written Notification and a Compliance Order on May 12, 2016, under inspection #2016_262523_0016 and compliance date of May 31, 2016. (523)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Aug 15, 2016(A1)



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Order # / Ordre no : 002	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
Linked to Existing Order / Lien vers ordre existant:	2016_262523_0016, CO #002;

Pursuant to / Aux termes de :

LTCHA, 2007, 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;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

The licensee shall ensure that resident #001's responsive behaviours are 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 is no longer necessary.

The licensee shall ensure that the plan for compliance that was submitted by the home in response to compliance order issued on December 18, 2015, under log # 031635-15 and inspection # 2015_183128_0023 with a compliance order date of January 15, 2016, is fully implemented specifically but not limited to the following:

The completion of the ABC charting by team members when responsive behaviors are exhibited by the resident.

Review of the plan of care with all team members and anytime time there is a revision.

The licensee shall appoint a management/supervisory staff person to monitor/audit the completion of documentation on a daily basis. This audit will be documented and reviewed on a weekly basis with the ED.

Grounds / Motifs :

1. 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, a goal in the plan is met; the resident's care needs change or care set out in the plan is no longer necessary; care set out in the plan has not been effective.

This was a follow up inspection to an order that was issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order stated that 'The licensee shall ensure that resident's responsive behaviours are 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 is no longer necessary.

The licensee shall ensure that the plan for compliance that was submitted by the home in response to compliance order issued on December 18, 2015, under log # 031635-15 and inspection # 2015_183128_0023 with a compliance order date of January 15, 2016, is fully implemented specifically but not limited to the following:



**Ministry of Health and
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**Ministère de la Santé et des
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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

The completion of the ABC charting by team members when responsive behaviors are exhibited by the resident
Review of the plan of care with all team members and anytime time there is a revision'.

Clinical record review and staff interviews revealed that the home's behavioural reassessment was partially based on a behavioural monitoring charting which was incomplete and does not include all exhibited behaviours, interventions and re-approaches.

GM #100 said in an interview that home's expectation would be that the assessment and reassessment be based on accurate information and then the plan of care will be updated based on that assessment and reassessment.

During this inspection the licensee was found to have not met compliance with the above compliance order.

This non-compliance was previously issued as a Written Notification on March 4, 2013, inspection #2013_185112_0019.

This non-compliance was previously issued as a Written Notification and a Compliance Order on December 18, 2015, under inspection #2015_183128_0023 with a compliance date of January 15, 2016. This order was not complied with.

This non-compliance was previously issued as a Written Notification and a Compliance Order on May 12, 2016, under inspection #2016_262523_0016 with a compliance date of May 31, 2016. (523)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Aug 15, 2016(A1)



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
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O. 2007, chap. 8

Order # /
Ordre no : 003 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2016_262523_0016, CO #004;

Pursuant to / Aux termes de :

LTCHA, 2007, s. 19. Duty to protect

Order / Ordre :

(A1)

The licensee must prepare, submit and implement a plan to ensure compliance with LTCHA, 2007 S.O. 2007, c.8, s. 19. to ensure that residents are protected from abuse by anyone in the home.

The plan must include but not be limited to the following:

- Complete a review of the process for identifying abuse and neglect, altercations between residents that result in abuse and residents that are at risk. This review should be documented with action and education plans.
- Implement strategies to protect residents from abuse and neglect by anyone. These strategies should be care planned for both residents who exhibit behaviours as well as residents who are at risk of harm by residents with behaviours.
- Education and training to all staff of the home on prevention of abuse and neglect and particularly on the actions, plans and strategies implemented in the home as required above.

Please identify who will be responsible for completing the identified tasks and times frames when each of the components will be achieved.

Please submit the written plan to Ali Nasser, Long-Term Care Homes Inspector – Nursing, to ali.nasser@ontario.ca by August 17, 2016.



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to ensure that residents were protected from abuse by anyone in the home.

This was a follow up inspection to an order that was issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order stated that 'the licensee shall ensure that the home completes a review of the process of identifying abuse and neglect, altercations between residents that result in abuse and residents that are at risk, and to document the review to include action and education plans; to implement strategies to protect resident from abuse and neglect by anyone and care plan for residents who exhibit behaviours as well as residents who are at risk of harm by residents with behaviours; to ensure that all staff receive education and training on prevention of abuse and neglect and particularly on the actions, plans and strategies implemented in the home as outlined in this order.

Process review and staff interviews revealed that the home was still in the process of completing this process review, thus the home was found to have not complied with the above order.

This non-compliance was previously issued as a Written Notification and a Compliance Order on October 28, 2014, and was complied with.

This non-compliance was previously issued as a Written Notification and a Voluntary Plan of Correction on October 6, 2015.

This non-compliance was previously issued as a Written Notification and a Compliance Order on May 12, 2016, under inspection #2016_262523_0016 with a compliance date of May 31, 2016. (537)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Aug 31, 2016(A1)



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to 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.

This was a follow up inspection to an order that was issued on May 12, 2016, under log #007195-16 and inspection #2016_262523_0016 with a compliance order date of May 31, 2016.

The order stated that ' The licensee 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.

The licensee shall ensure that the action plan submitted by the home in response to compliance order issued on December 18, 2015, under log # 031635-15 and inspection # 2015_183128_0023 with a compliance order date of December 30, 2015, is fully implemented, specifically but not limited to the following:

Team huddle when resident declines a bath.

Documentation of approach, declining and re-approach'.

Clinical record review and staff interviews revealed that, when a bath was not offered to a specific resident or resident refused a bath, there was not a documented evidence of behaviours exhibited by the resident, approach, declining and re-approach.

During this inspection the licensee was found to have not met compliance with the above compliance order.

This non-compliance was previously issued as a Written Notification and a Voluntary Plan of Correction on May 27, 2015.

This non-compliance was previously issued as Written Notification and a Compliance Order on December 18, 2015, Inspection #2015_183128_0023 and a compliance date of December 30, 2015. The Order was not complied with.

This non-compliance was previously issued as a Written Notification and a



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

**Ministère de la Santé et des
Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Compliance Order on May 12, 2016, under inspection #2016_262523_0016 with a
compliance date of May 31, 2016. (523)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Aug 15, 2016(A1)



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director



**Ministry of Health and
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foyers de soins de longue durée, L.
O. 2007, chap. 8

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



**Ministry of Health and
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l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 27 day of July 2016 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** ALI NASSER - (A1)

**Service Area Office /
Bureau régional de services :** London