



**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**

**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 # / No de registre	Type of Inspection / Genre d'inspection
Feb 5, 2018	2018_262630_0002	007156-17, 008010-17, 008595-17, 012079-17, 012851-17, 012954-17, 013239-17, 014695-17, 015502-17, 021623-17, 022021-17, 022544-17, 022561-17, 022795-17, 023024-17, 023743-17, 025247-17, 026044-17, 026379-17, 027833-17	Complaint

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

AMIE GIBBS-WARD (630), ADAM CANN (634), MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 15, 16, 17, 18, 22,



23, 24, 25, 26, 29, 30 and 31, 2018.

The following Complaints intakes were completed within this inspection:

Complaint Log #012954-17 / IL-51485-LO related to personal support and nursing services;

Complaint Log #013239-17 / IL-51541-LO related to sufficient staffing, personal support services and safe and secure home;

Complaint Log #015502-17 / IL-51848-LO related to personal support services and medication administration;

Complaint Log #022544-17 / IL-53071-LO related to personal support services;

Complaint Log #027833-17 / IL-54400-LO related to personal support services;

Complaint Log #007156-17 / IL-50226-LO related to personal support services and medication administration;

Complaint Log #008595-17 / IL-50593-LO related to personal support services;

Complaint Log #012079-17 / IL-51373-LO related to personal support and nursing services;

Complaint Log #008010-17 / IL-50436-LO related to personal support and nursing services;

Complaint Log #023024-17 / IL-53226-LO related to personal support and nursing services;

Complaint Log #022795-17 / Mandatory Report from Patient Ombudsman related to sufficient staffing and staff to abuse or neglect;

Complaint Log #026044-17 / IL-54090-LO related to staff to resident abuse;

Complaint Log #026379-17 / IL-54142-LO related to staff to resident abuse;

Complaint Log #021623-17 / IL-52832-LO related to staff to resident neglect and skin and wound care;

Complaint Log #012851-17 / IL-51469-LO related to skin and wound care, personal support and nursing services, hospitalization and change of condition and medication administration;

Complaint Log #022561-17 / IL-53044-LO related to personal support services, housekeeping services and sufficient staffing;

Complaint Log #014695-17 / IL-51729-LO related to sufficient staffing;

Complaint Log #022021-17 / IL-52936-LO related to sufficient staffing.

The following Critical Incident intakes were completed within this inspection:

Critical Incident Log #023743-17 / CI 2979-000098-17 related to staff to resident abuse;

Critical Incident Log #025247-17 / CI 2979-000102-17 related to staff to resident



neglect.

The following Critical Incident intakes were inspected at the same time as this inspection and can be found in a separate report (Critical Incident System Inspection #2018_262630_0004):

Related to prevention of abuse and neglect:

Critical Incident Log #007416-17 / CI 2979-000032-17;
Critical Incident Log #010241-17 / CI 2979-000046-17;
Critical Incident Log #016725-17 / CI 2979-000071-17;
Critical Incident Log #016860-17 / CI 2979-000072-17;
Critical Incident Log #016971-17 / CI 2979-000073-17;
Critical Incident Log #019291-17 / CI 2979-000081-17;
Critical Incident Log #020894-17 / CI 2979-000084-17;
Critical Incident Log #021492-17 / CI 2979-000089-17;
Critical Incident Log #021493-17 / CI 2979-000090-17;
Critical Incident Log #021494-17 / CI 2979-000091-17;
Critical Incident Log #021504-17 / CI 2979-000092-17.

Related to prevention of abuse and neglect and responsive behaviours:

Critical Incident Log #013262-16 / CI 2979-000026-16;
Critical Incident Log #033839-16 / CI 2979-000091-16;
Critical Incident Log #034425-16 / CI 2979-000094-16;
Critical Incident Log #005230-17/ CI 2979-000019-17;
Critical Incident Log #009025-17 / CI 2979-000042-17;
Critical Incident Log #014795-17 / CI 2979-000067-17;
Critical Incident Log #020021-17 / CI 2979-000083-17;
Critical Incident Log #023743-17 / CI 2979-000098-17.

Related to falls prevention:

Critical Incident Log #023008-17 / CI 2979-000097-17;
Critical Incident Log #023565-17 / CI 2979-000100-17;
Critical Incident Log #027916-17 / CI 2979-000105-17.

Related to medication administration:

Critical Incident Log #012992-16 / CI 2979-000022-16;
Critical Incident Log #008994-17 / CI 2979-000041-17;
Critical Incident Log #014455-17 / CI 2979-000063-17;



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**Critical Incident Log #021787-17 / CI 2979-000095-17;
Critical Incident Log #029582-17 / CI 2979-000106-17.**

**The following Follow-up intakes were inspected at the same time as this inspection and can be found in a separate report (Follow-up report # 2018_262630_0003):
Follow-up Log #009124 for Compliance Order (CO) #001 from Complaint Inspection #2017_538144_0009 related to skin and wound care;
Follow-up Log #023013-17 for CO #001 from Resident Quality Inspection #2017_607523_0007 related to prevention of abuse and neglect;
Follow-up Log #023016-17 for CO #002 from Resident Quality Inspection #2017_607523_0007 related to infection prevention and control;
Follow-up Log #023018-17 for CO #003 from Resident Quality Inspection #2017_607523_0007 related to safe and secure home;
Follow-up Log #023013-17 for CO #004 from Resident Quality Inspection #2017_607523_0007 related to bed system assessments.**

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), the acting GM, the Director of Nursing (DON), the assistant DON/Wound Care Lead, Neighbourhood Coordinators (NCs), Resident Assessment Instrument (RAI) Corporate Support, the Kinesiologist/Falls Program Lead, the Director of Recreation, the Personal Expression Resource Team (PERT) Registered Practical Nurse (RPN), the PERT Personal Support Worker (PSW), Ward Clerks, a Recreation Aide, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members and residents.

The inspectors also observed resident rooms and common areas, observed medication storage areas, reviewed medication administration records, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed specific policies and procedures of the home, reviewed specific program evaluations and reviewed various meeting minutes.

The following Inspection Protocols were used during this inspection:



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**Falls Prevention
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care
Sufficient Staffing**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that there was at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff on duty and present at all times.

A complaint was submitted to the Ministry of Health and Long-Term Care (MOHLTC) related to sufficient staffing of registered nurses.

A review of the home's staffing schedule for a specified time period found that an agency registered nurse (RN) was indicated as the only RN on the schedule for 18 identified shifts.

In an interview with the acting General Manager (GM) they stated that the home had faced challenges related to 24/7 RN coverage and had to use agency staffing more than they had wanted to. The acting GM stated that the home had utilized less agency staff as of late because they had filled RN positions. Acting GM reviewed the list of shifts and stated that on the dates and times listed an agency staff member was the RN in the building.

The licensee has failed to ensure that there was at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home on duty and present at all times. [s. 8. (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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure there was a written staffing plan for the nursing and personal support services programs.

A complaint was submitted to the MOHLTC related to sufficient staffing of registered nurses.

A complaint was submitted to the MOHLTC related to sufficient staffing that was reportedly affecting resident care.

In an interview with the Director of Nursing (DON) they stated that the home had a call in procedure policy but they were not aware of a written staffing plan.

The home's policy titled "05-08 Call-In Procedure" last reviewed on December 18, 2017, stated "it is the policy of Schlegel Villages that all team members use a consistent and orderly call-in procedure for filling shift vacancies". The policy set out the procedure for attempting to fill shifts when staff members were unable to make it to work.

In an interview with acting General Manager (GM) they stated that at the time of the inspection the home did not have a written staffing plan implemented. The acting GM said they were working on a draft version of the staffing plan based on what was in place at other Schlegel Villages homes.

The licensee has failed to ensure there was a written staffing plan for the nursing and personal support services programs. [s. 31. (2)]



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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 there is a written staffing plan for the programs referred to in clauses (1) (a) and (b), to be implemented voluntarily.

Issued on this 6th day of February, 2018

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

Original report signed by the inspector.