



**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**

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
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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 7, 2018	2018_262630_0003	009124-17, 023013-17, 023016-17, 023018-17, 023020-17	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

AMIE GIBBS-WARD (630), ADAM CANN (634)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up 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 Follow-up intakes were inspected within this inspection:

Follow-up Log #009124 for Compliance Order (CO) #001 from Inspection #2017_538144_0009 related to skin and wound care;

Follow-up Log #023013-17 for CO #001 from Inspection #2017_607523_0007 related to prevention of abuse and neglect;



Follow-up Log #023016-17 for CO #002 from Inspection #2017_607523_0007 related to infection prevention and control;

Follow-up Log #023018-17 for CO #003 from Inspection #2017_607523_0007 related to safe and secure home;

Follow-up Log #023013-17 for CO #004 from Inspection #2017_607523_0007 related to bed system assessments.

The following Critical Incident intakes were inspected at the same time as this inspection and can be found in a separate report (Critical Incident 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;
Critical Incident Log #021787-17 / CI 2979-000095-17;
Critical Incident Log #029582-17 / CI 2979-000106-17.**

The following Complaint intakes were inspected at the same time as this inspection and can be found in a separate report (Complaint Inspection #2018_262630_0002):

**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;**



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**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 inspected at the same time as this inspection and can be found in a separate report (Complaint Inspection #2018_262630_0002):

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.

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:

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

Safe and Secure Home

Skin and Wound Care



During the course of this inspection, Non-Compliances were not issued.

0 WN(s)
0 VPC(s)
0 CO(s)
0 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 15. (1)	CO #004	2017_607523_0007		634
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2017_607523_0007		634
O.Reg 79/10 s. 229. (10)	CO #002	2017_607523_0007		634
O.Reg 79/10 s. 50. (2)	CO #001	2017_538144_0009		630
O.Reg 79/10 s. 9. (2)	CO #003	2017_607523_0007		634



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.

Issued on this 7th day of February, 2018

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

Original report signed by the inspector.