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

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Original Public Report

Report Issue Date June 17, 2022
Inspection Number 2022_1461_0001
Inspection Type
☒ Critical Incident System ☐ Complaint ☒ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Schlegel Villages Inc.

Long-Term Care Home and City
The Village of Glendale Crossing, London

Lead Inspector
Peter Hannaberg (721821)

Additional Inspector(s)
Cassandra Taylor (725)

Inspector Digital Signature
Peter Benjamin Hannaberg
Digitally signed by Peter Benjamin Hannaberg
Date: 2022.06.20 15:05:13 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 11, 12, 13 and 16, 2022.

The following intake(s) were inspected:

- Intake # 007661-22 (Complaint) related to attendance from management.
- Intake # 007434-22 (CI: 2979-000023-22) related to fall of resident. Sustained fractured right humerus.
- Intake # 006587-22 (CI: 2979-000020-22) related to fall of resident. Sustained undisplaced subcapital hip fracture.
- Intake # 019350-21 (Follow-up) related to High Priority - CO#002 from inspection #2021_788721_0018 / 010422-21, 010423-21, 014046-21, 014155-21, 014969-21, 015201-21, 015254-21, 017479-21 regarding r. 50. (2), CDD March 31, 2022.

Previously Issued Compliance Order(s)

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

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg. 79/10	s. 50 (2) (b) (i)	2021_788721_0018	002	Peter Hannaberg (721821)

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Skin and Wound Prevention and Management
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

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

The licensee failed to ensure all staff participated in the implementation of the Infection Prevention and Control Program (IPAC) in accordance with the IPAC Standard for Long-Term Care Homes and with the home's Hand Hygiene (HH) policy related to staff encouraging and offering opportunities for residents to complete HH around meal and snack times.

Rational and Summary

Section 10.2 of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, issued by the Director, requires that the hand hygiene program include hand hygiene and hand care support for residents.

During a lunch dining observation on the Westminster neighbourhood no residents were offered or provided the opportunity to complete HH prior to being served their meal. An interview with Recreation Aide #106 who was present during the meal, indicated that the residents were not offered the opportunity for HH. During an interview with the Director of Nurse Care (DNC) #101 and Infection Prevention and Control (IPAC) Lead #107, they both indicated that residents should be offered and assisted in completing HH.

Review of the home's "Infection Prevention & Control - Hand Hygiene" Policy indicated that staff are to encourage residents to join in promoting good HH practices and offer opportunities for resident HH around meals and snack times.

Sources: Westminster dining observation, Staff interviews with Recreation Aide #106, DNC #101 and IPAC Lead #107, and the Infection Prevention & Control - Hand Hygiene Policy (Infection Prevention and Control Manual, tab 06-16, page 3 of 3).

[725]

WRITTEN NOTIFICATION DIETARY SERVICES

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

Non-compliance with: O. Reg. 246/22 s. 76 (d)

The licensee has failed to ensure that supplies were available during a lunch dining service.

Rationale and Summary

During an observation on the Westminster neighbourhood during the lunch service, Personal Support Worker (PSW) #105 was observed distributing loose crackers to residents prior to their soup being served. The PSW placed three loose crackers on the bare table. In an interview with the PSW they indicated that they usually place the cracker on a napkin or plate however, they did not have any today. During interviews with the Infection Prevention and Control (IPAC) Lead #107, Director of Nursing Care (DNC) #101 and the Director of Food Services (DFS) #115 all indicated that the crackers should have been served on a plate or napkin.

Sources: IPAC Dining observation on Westminster and staff interviews with PSW #105, IPAC Lead #107, DNC #101, and the DFS #115.

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WRITTEN NOTIFICATION ADMINISTRATOR

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

Non-compliance with: s. 212 (1) 3 of O. Reg 79/10 under the Long-Term Care Homes Act, 2007 and s. 249 (1) 3 of O. Reg. 246/22 under FLTCA.

The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home for the following amount of time per week: 35 hours per week.

Rationale and Summary

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 212 (1) 3 of O. Reg. 79/10. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 249 (1) 3 of O. Reg. 246/22 under the FLTCA.

A complaint was submitted to the Ministry of Long-Term Care relating to the availability of management. During an interview with the General Manager (GM) #116, they indicated that they would be over-seeing the new Retirement Home when it opened and have been training off-site for the Retirement Home GM position when opportunity allowed. A schedule for GM #116 was provided and showed that GM #116 was off-site for training other than the Long-Term Care Home from April 11 – 28, 2022. GM #116 also indicated they were away training for the Retirement Home GM position from April to May 2021.

GM #116 confirmed they were not working their required hours in their role as GM during the times identified in April to May of 2021, and April 11 – 28, 2022.

Sources: Interview with GM #116 and schedule provided by GM #116.

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WRITTEN NOTIFICATION PLAN OF CARE

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

Non-compliance with: FLTCA, 2021 s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care for resident #003 was provided to the resident as specified in the plan.

Rationale and Summary

Resident #003's care plan included certain falls prevention interventions.

On May 16, 2022, Inspector 721821 conducted an observation of resident #003 in the dining room. The resident was seated in their wheelchair. Inspector 721821 asked PSWs #103 and #104 if the falls intervention was in place. PSW#104 confirmed that the intervention was not in place at the time.

Resident #003 was at risk for falls and had several recently documented falls.

Sources: Resident #003's care plan; resident observation; and an interview with PSW#104.

[721821]

WRITTEN NOTIFICATION CONDITIONS OF LICENSE

NC#005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1

Non-compliance with: LTCHA, 2007 s. 101 (4).

The licensee has failed to ensure that they have complied with the conditions to which the license is subject.

Rationale and Summary

The licensee was required to comply with condition two of compliance order #002 from inspection 2021_788721_0018 originally issued on November 30, 2021. Condition two stated that the licensee was required to have all registered staff complete training on the home's Skin and Wound Program policy by the compliance due date. After three amendments, the compliance due date was changed to March 31, 2022. Training completion records were to be maintained by the home.

During inspection 2022_1461_0001, Inspector 721821 was provided a list of registered staff actively employed by the home from the date the compliance order was issued until March 31,

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2022. The list showed that there were 32 actively employed registered staff during that time frame.

Records showing that the registered staff had completed the training was documented using a sign-off sheet entitled “RE: Skin and Wound-Care Program Education, Policy and Expectations”. Upon review, three registered staff members did not complete the required training by the compliance due date. RPN#124 completed the training on May 7, 2022, RPN#123 on May 8, 2022, and RPN#125 on May 14, 2022.

An interview with the Skin and Wound Lead #100 confirmed that these three staff members did not complete the training within the required time frame despite being provided the training materials in February of 2022. A review of the staff schedule showed that these three staff members worked at the home when the compliance order was issued through to the compliance due date. The Skin and Wound Lead also stated that they provided reminders to these staff to complete the training.

The three registered staff completed the required training before the on-site inspection was concluded. The required training was completed six weeks after the compliance due date.

Sources: Skin and Wound-Care Program policy, RPN#123 sign-off form, RPN#124 sign-off form, RPN#125 sign-off form, staff schedule from Dec 6/2021 to May 8/2022, the registered staff list, and an interview with Skin and Wound Lead #100.

[721821]