

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: August 2, 2023	
Inspection Number: 2023-1461-0006	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: Schlegel Villages Inc.	
Long Term Care Home and City: The Village of Glendale Crossing, London	
Lead Inspector Melanie Northey (563)	Inspector Digital Signature
Additional Inspector(s) Brandy MacEachern (000752) Rhonda Kukoly (213) Leah Carrier (000748)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 25, 26, 27, 28 and 31, 2023

The following complaint intake(s) were inspected:

- Intake #00087571 related to falls prevention and management and plan of care
- Intake #00088448 related to infection prevention and control, and care services

The following critical incident (CI) intake(s) were inspected:

- Intake #00086785 / CI #2979-000061-23 related to prevention of abuse and neglect
- Intake #00090873 / CI #2979-000090-23 related to fall prevention and management

The following intake(s) were completed:

- Intake #00087704 / CI #2979-000068-23 related to fall prevention and management
- Intake #00087958 / CI #2979-000072-23 related to fall prevention and management
- Intake #00089528 / CI #2979-000083-23 related to fall prevention and management
- Intake #00090783 / CI #2979-000089-23 related to fall prevention and management
- Intake #00091069 / CI #2979-000091-23 related to fall prevention and management

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The following Follow Up Compliance Order (CO) intake(s) were completed:

- Intake #00089085 / CO #001 related to FLTCA, 2021 - s. 24 (1) Duty to Protect
- Intake #00089084 / CO #002 related to O. Reg. 246/22 - s. 79 (1) 8 Nutritional Care
- Intake #00089086 / CO #003 related to O. Reg. 246/22 - s. 140 (2) Medication Administration

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2023-1461-0005 related to FLTCA, 2021, s. 24 (1) inspected by Melanie Northey (563)

Order #002 from Inspection #2023-1461-0005 related to O. Reg. 246/22, s. 79 (1) 8. inspected by Melanie Northey (563)

Order #003 from Inspection #2023-1461-0005 related to O. Reg. 246/22, s. 140 (2) inspected by Melanie Northey (563)

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

- Contenance Care
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 102 (8)

The licensee has failed to ensure that all staff participated in the implementation of the Infection Prevention and Control Program.

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Rationale and Summary

A resident had an infection requiring staff to wear a gown and gloves during personal care. There was a cart with one gown and gloves in the resident's room, but there was no direction to alert staff what precautions were needed when providing care for the resident.

The Neighbourhood Coordinator (NC) said that there should have been a sign up on the resident's door to direct staff what infection control precautions were required when providing care for the resident. There was risk that staff did not wear the appropriate personal protective equipment when providing care for the resident and infection could have spread. The risk to the resident was low and NC put a contact precautions sign on the resident's door on July 31, 2023.

Sources: Observations, health records for the resident, and staff interviews [213]

Date Remedy Implemented: July 31, 2023

Non-Compliance Remedied

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (2)

The licensee failed to ensure that a resident's plan of care was based on an assessment of the resident and on the needs of that resident.

Rational and Summary

A complaint was received by the Director related to resident care and support services for the resident.

The resident's care plan stated the resident was independent for a specific care activity. The resident was observed receiving total assistance for the care activity. The Neighborhood Coordinator verified the care plan was incorrect and would update the care plan immediately. The resident's care plan was updated to reflect that the resident required total assistance.

There was potential risk the resident would not have received the assistance required when the plan of care was not based on the resident's needs related to a specific care activity.

Sources: Staff interviews, the resident's clinical record, and meal observations. [000752]

Date Remedy Implemented: July 28, 2023

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WRITTEN NOTIFICATION: Plan of Care

NC #003 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 was provided to the resident as specified in the plan.

Rationale and Summary

A Personal Support Worker (PSW) left a resident unattended in their room. While unsupervised, the resident sustained an injury.

The resident's care plan specified that they should not be left unsupervised in their room. The PSW leaving the resident unattended put the resident at risk for injury.

Sources: Staff interviews, resident's clinical record, and observations. [000748]

WRITTEN NOTIFICATION: Screening Measures

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

Non-compliance with: FLTCA, 2021, s. 81 (1)

The licensee has failed to ensure that screening measures were conducted in accordance with the regulations before hiring a Personal Support Worker (PSW).

FLTCA s. 81 (2) states: The screening measures shall include police record checks, unless the person being screened is under 18 years of age.

O. Reg. 252. (2) states: The police record check must be conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

O. Reg. 252 (3) states: The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

Rationale and Summary

A critical incident documented staff to resident physical abuse. The home completed an investigation and terminated the employment of the PSW during the probation period.

The employee file for the PSW included a criminal record vulnerable sector check invoice receipt and no

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criminal reference check result. The Administrator said they were unable to find a criminal record vulnerable sector check for the PSW and they should have obtained this before the PSW started work in the home.

There was risk that the PSW was not suitable to be a staff member in the long-term care home to protect residents from abuse and neglect, when a vulnerable sector screen completed within six months was not obtained before they were hired.

Sources: Employee file for the PSW, Critical Incident Report, internal investigation records, and staff interviews. [213]

WRITTEN NOTIFICATION: Dining and Snack Service

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

Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)

The licensee has failed to ensure that no resident who required assistance with eating or drinking was served a meal until someone was available to provide the assistance required by the resident.

Rational and Summary

A resident was observed to have a meal served to them before someone was available to provide assistance with eating. A Personal Support Worker (PSW) stated the resident was waiting for recreation staff to come and assist them.

The resident's care plan indicated they required assistance with eating. The Recreation Aide said residents typically already had their meals served to them on the table when they arrived to help with feeding.

There was risk that the resident's meal could be cold and unpleasant when their meal had been served, but they were waiting for someone to come and provide the assistance they required.

Sources: Dining observation, staff interviews, and the resident's clinical record. [000752]

WRITTEN NOTIFICATION: Oral Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 38 (1) (a)

The licensee has failed to ensure that the resident received oral care to maintain the integrity of the oral tissue that included mouth care.

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Rational and Summary

A complaint was received by the Director related to resident care and support services for a resident.

The resident's care plan indicated they required assistance with oral care. A Personal Support Worker (PSW) documented five times that oral care was not applicable. The Neighborhood Coordinator reported they spoke to the PSW, and mouth care was not completed on those dates because the PSW did not have time. The PSW clarified charting not applicable meant care was not completed.

There was risk that the integrity of the resident's oral tissues would not be maintained when mouth care was not completed.

Sources: Staff interviews and the resident's clinical record [000752]

WRITTEN NOTIFICATION: Administered of Drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

The licensee has failed to ensure that a drug was administered to a resident in accordance with the directions for use specified by the prescriber.

Rational and Summary

A complaint was received by the Director related to a missed medication for a resident.

The resident had a prescriber's order for a specific medication to be administered for a specific number of days. The resident's medication administration record indicated the medication was not given as prescribed. The Assistant Director of Care acknowledged that a dose of the medication was missed.

There was risk to the resident's health when a dose of medication was not given as prescribed, that the course of treatment could not be as effective.

Sources: Staff interviews and the resident's clinical record. [000752]

WRITTEN NOTIFICATION: Medication Incidents and Adverse Drug Reactions

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

The licensee has failed to ensure that a medication incident involving a resident was documented.

Rational and Summary:

A complaint was received by the Director related to a missed medication for a resident.

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The resident missed a dose of a specific medication. The Assistant Director of Care and the Registered Nurse both stated an incident report should have been completed. When an incident report was requested from the ADOC they stated that one was not completed for this incident.

There was a risk to the resident that the missed drug was not discovered, and appropriate actions were not taken to document, review and analyze the incident.

Sources: Staff interviews and the resident's clinical record. [000752]