



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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685

Bureau régional de services de London  
291, rue King, 4<sup>ém</sup> étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
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Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 30, 2013	2013_186171_0017	L-000146-13	Follow up

Licensee/Titulaire de permis

~~THE HOMEWOOD CORPORATION~~ SCHLEGEL VILLAGES INC  
~~150 DELHI STREET, GUELPH, ON, N1E-6K9~~ 325 Max Becker Dr. Ste. 201, Kitchener, ON

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

ELISA WILSON (171)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 23-24, 2013

This inspection includes findings from a complaint inspection conducted by Inspector Joan Woodley (172).

During the course of the inspection, the inspector(s) spoke with the General Manager, Director of Nursing, Director of Food Services, Neighbourhood Coordinator, Registered Nurses, Registered Practical Nurses, and Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed identified policies and procedures and relevant residents' plans of care.

Ad-hoc notes were used during this inspection.

Findings of Non-Compliance were found during this inspection.

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités

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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.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**



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1. The licensee had not ensured that the policy regarding Catheter Care was complied with.

The Catheter Care Policy (04-24) included the following:

- a) A catheter will be inserted or changed by the Registered Team Member, with a Physician's order specifying size and frequency of change.
- b) Catheter output recording should be done every shift, indicating amount, colour and consistency.
- c) Complete charting to include care plan and personal profile updated.

A review of documentation revealed the above procedures were not being completed on a regular basis for all residents requiring a catheter.

Management in the home confirmed the expectation that staff should be following the policy. Approximately half of the staff had been retrained in March 2013, however there was not a plan in place to train the staff who were not working the three days the training was offered. Audits to ensure compliance had not been completed by the home. [s. 8. (1) (b)]

***Additional Required Actions:***

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



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement**

Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
  - i. the matters referred to in paragraph 3,
  - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
  - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

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**Findings/Faits saillants :**

1. The home did not have a written description of the quality management system that included its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review related to food services.

There was only one written policy in the Quality Improvement Program for Food Services made available at the time of this inspection. This policy covered the timing of various food service audits. However there were, for example, no written goals or objectives regarding outcomes of the audits, targets the home was working toward, how results would be reported and to whom, and how action plans would be developed based on the results of the audits. There were no policies regarding any other aspect of food services and how quality is defined, what the targets are for resident satisfaction, how issues will be identified (such as Food Committee meetings) and how action plans will be developed to improve care and service.

The Food Services Director confirmed the food services department did not have a fully developed quality improvement and utilization review system. [s. 228.]



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***Additional Required Actions:***

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

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Issued on this 30th day of April, 2013

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

Elisa Wilson



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

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*

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*

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /  
Nom de l'inspecteur (No) : ELISA WILSON (171)

Inspection No. /  
No de l'inspection : 2013\_186171\_0017

Log No. /  
Registre no: L-000146-13

Type of Inspection /  
Genre d'inspection: Follow up

Report Date(s) /  
Date(s) du Rapport : Apr 30, 2013

Licensee /  
Titulaire de permis : ~~THE HOMEWOOD CORPORATION~~ SCHLEGEL VILLAGES  
150 DELHI STREET, GUELPH, ON, N1E-6K9 INC  
325 Max Becker Dr. Ste 201, Kitchener, ON N2E4H5

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

SCHLEGEL VILLAGES INC

To ~~THE HOMEWOOD CORPORATION~~, you are hereby required to comply with the  
following order(s) by the date(s) set out below:



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

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

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

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**Order # /**                      **Order Type /**  
**Ordre no :** 001                **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2013\_186171\_0005, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

The licensee must prepare, submit and implement a plan to ensure the catheter care policy is implemented and complied with.

The plan must include:

- 1) Date all staff will be trained on the policy
- 2) Description of how staff who are not working on the dates of training will be provided required information.
- 3) Description of how monitoring will take place to ensure compliance, including frequency of audits and staff responsible to complete the audits.

Please submit the plan in writing to Elisa Wilson, Long-Term Care Homes Inspector by email at [elisa.wilson@ontario.ca](mailto:elisa.wilson@ontario.ca) by May 10, 2013.

**Grounds / Motifs :**





**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  
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**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*

1. Non-compliance with this regulation was issued as an order in March 2013 and December 2012, and as a voluntary plan of correction in July 2012 and February 2012.

The licensee had not ensured that the policy regarding Catheter Care was complied with.

The Catheter Care Policy (04-24) included the following:

- a) A catheter will be inserted or changed by the Registered Team Member, with a Physician's order specifying size and frequency of change.
- b) Catheter output recording should be done every shift, indicating amount, colour and consistency.
- c) Complete charting to include care plan and personal profile updated.

A review of documentation revealed the above procedures were not being completed on a regular basis for all residents requiring a catheter.

Management in the home confirmed the expectation that staff should be following the policy. Approximately half of the staff had been retrained in March 2013, however there was not a plan in place to train the staff who were not working the three days the training was offered. Audits to ensure compliance had not been completed by the home. (171)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : May 31, 2013**



**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  
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**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  
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**Order # /**                      **Order Type /**  
**Ordre no : 002**              **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2013\_186171\_0005, CO #002;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 228. Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
  - i. the matters referred to in paragraph 3,
  - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
  - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

**Order / Ordre :**



**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

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

The licensee must prepare, submit and implement a plan to ensure the quality improvement program in the food services department is developed and implemented.

The plan must include:

- 1) Timelines for development of:
  - a) goals and objectives of the quality improvement program
  - b) policies and procedures related to the program
  - c) process used to identify initiatives for review
  - d) communication and reporting plan to the Residents' Council, Family Council and the staff of the home regarding improvements made to the quality of services and goods provided to the residents on an on-going basis.
  
- 2) List of interdisciplinary team members involved in the quality improvement system for food services, frequency of meetings, reporting frequency and structure.

Please submit the plan in writing to Elisa Wilson, Long-Term Care Homes Inspector by email at [elisa.wilson@ontario.ca](mailto:elisa.wilson@ontario.ca) by May 10, 2013.

Please submit a report in writing detailing progress to date on all of the above mentioned areas on June 13, 2013 to Elisa Wilson, Long-Term Care Homes Inspector by email at [elisa.wilson@ontario.ca](mailto:elisa.wilson@ontario.ca).

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
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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

1. Non-compliance with this regulation was issued as an order in March 2013 and a voluntary plan of correction in February 2011.

The home did not have a written description of the quality management system that included its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review related to food services.

There was only one written policy in the Quality Improvement Program for Food Services made available at the time of this inspection. This policy covered the timing of various food service audits. However there were, for example, no written goals or objectives regarding outcomes of the audits, targets the home was working toward, how results would be reported and to whom, and how action plans would be developed based on the results of the audits. There were no policies regarding any other aspect of food services and how quality is defined, what the targets are for resident satisfaction, how issues will be identified (such as Food Committee meetings) and how action plans will be developed to improve care and service.

The Food Services Director confirmed the food services department did not have a fully developed quality improvement and utilization review system. (171)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2013**



**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

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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  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
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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

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
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](http://www.hsarb.on.ca).



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## **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  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

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.



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

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**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*

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  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 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](http://www.hsarb.on.ca).

**Issued on this 30th day of April, 2013**

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

**Name of Inspector /  
Nom de l'inspecteur :** ELISA WILSON

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