



**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**

**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  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 30, 2015	2015_349590_0048	025813-15 & 029437-15	Complaint

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### **Licensee/Titulaire de permis**

Schlegel Villages Inc  
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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### **Long-Term Care Home/Foyer de soins de longue durée**

THE VILLAGE OF ASPEN LAKE  
9855 McHugh Street WINDSOR ON N8P 0A6

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ALICIA MARLATT (590)

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## **Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): November 12 & 13, 2015.**

**This inspection was related to infection prevention and control practices, and skin and wound concerns.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Environmental Services Coordinator, the Director of Environmental Services, one Registered Practical Nurse (RPN), two Personal Support Workers (PSW), one Visitor and two Family members.**

**During the course of the inspection, the inspector(s) observed infection control practices, staff/resident interactions and provision of care for one resident.**

**During the course of the inspection, the inspector(s) reviewed relevant policies related to inspection, housekeeping records, four resident clinical records, Ministry of Labour reports, the home's Line Listings and correspondence between the home's staff members, Public Health Unit and Physician.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Infection Prevention and Control  
Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 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 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 :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

During a specified time period several of the home's residents had been experiencing altered skin integrity. Resident #002, #003 & #004 had all been experiencing the same skin integrity impairment.

Inspector reviewed the home's policy titled Wound/Skin Care, policy no 04-78, last revised on January 9, 2015. Step 4 and 5 in the Plan/Assessment section, indicated that: "4. On an ongoing basis, the PCA will complete the Skin Assessment, typically on each bath day, and record on the Resident's Flow Sheets if no concerns need to be addressed. If there is a concern, it will be documented using the Twice Weekly Skin Assessment Form (see page 9) and a Skin Assessment Concerns Form (see page 10) will be completed and given to the Registered Team Member."

"5. Any redness, bruises, open areas, rashes, scars, etc., will be reported to the Wound Care Nurse or designate using the Skin Assessment Concerns Form."

Inspector reviewed the "Twice Weekly Skin Assessment" sheets completed by the Personal Support Workers on resident's bath days, for resident #002, #003 and #004 for the months of September 2015, through to November 11, 2015. The Twice Weekly Skin Assessments and the Skin Assessments Concerns form were not completed as per policy.

In an interview with the DOC she confirmed that the PSW's should be documenting alterations in skin integrity on the Twice Weekly Skin Assessment form and completing the Skin Assessment Concerns Form every time a skin impairment is observed. She shared that the PSW's were only completing the Skin Concern Form for new areas of altered skin integrity and was not completed again for the same area of skin impairment. Since the registered staff had initially been made aware of these residents altered skin integrity, another Skin Assessment Concerns Form was not completed/submitted. When asked how the PSW's monitor improvement or deterioration in skin integrity as there was no further documentation to indicate the progression, she shared that this is an area the home has recently identified and needs improvement. A plan has been developed and will be implemented this month. A more detailed documentation sheet will be initiated this month and will trigger the PSW's to complete the Skin Assessment Concerns Form with every skin impairment noted during every bath. Education will be provided to staff this



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coming week, on how to properly document on the form and the home's expectations on complete documentation. [s. 8. (1)]

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**Issued on this 30th day of November, 2015**

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

**Original report signed by the inspector.**