

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
londondistrict.mltc@ontario.ca

Public Inspection Report

Report Issue Date: December 30, 2022	
Inspection Number: 2022-1465-0003	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: Schlegel Villages Inc.	
Long Term Care Home and City: The Village of Aspen Lake, Windsor	
Lead Inspector Samantha Perry (740)	Inspector Digital Signature
Additional Inspector(s) Cassandra Taylor (725)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 21, 22, 23, 24, 25, 28, 29, 30, December 01 and 05, 2022.

The following intake(s) were inspected:

- Intake: #00005997 – Complaint related to obtaining consent;
- Intake: #00006162-Inspection #2022_1465_0002 for Compliance Order #001 O. Reg. 246/22 s. 96. (2)(b) CDD September 2, 2022;
- Intake: #00008695 – Complaint related to resident care concerns, medication incidents, and staff training and orientation;
- Intake: #00012739 - 3037-000097-22 related to a resident’s unexpected death;
- Intake: #00014424 - 3037-000105-22: related to Improper/Incompetent treatment of a resident.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2022-1465-0003 related to O.Reg. 246/22, s. 96 (2) (b) inspected by Cassandra Taylor (725)

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

Resident Care and Support Services
Infection Prevention and Control
Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of Licensee to comply with plan

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

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

The licensee failed to ensure that resident's plan of care was followed as specified in their plan.

Rationale and Summary

The Ministry of Long-Term Care (MLTC) received concerns related to resident care concerns.

A review of the resident's clinical records documented the resident required regular lab work to be completed. The lab work was not completed as specified in their plan of care for several months, resulting in changes to their health status. Two staff members, both said the resident's lab work should have been completed as planned.

Sources: Resident clinical records, interviews with staff and management. [740]

WRITTEN NOTIFICATION: Consent

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

Non-compliance with: FLTCA, 2021, s. 7

The licensee has failed to ensure consent was received from the resident's substitute decision maker

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(SDM).

Rationale and Summary

The Ministry of Long-Term Care (MLTC) received concerns related to receiving consent from a resident's substitute decision maker (SDM).

A review of the resident's clinical records documented the resident was unable to make their own decisions for care and finances. The resident was identified by the home as a candidate for certain services, that required a referral. The licensee sent the referral without the resident's SDM's consent.

Sources: Resident clinical records, the home's email correspondence, and interviews with staff. [740]

WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

The Licensee failed to comply with the conditions to which the licensee is subject.

Rational and Summary

Compliance Order (CO) #001 from inspection 2022_1465_0002 was originally issued on August 15, 2022. The licensee was required to comply with condition b) where "the licensee must complete monthly audits for three months on all slings in the home" and c) where "the licensee must keep a record of all audits and document any deficiencies found and any corrective actions taken". During record review of the home's monthly sling audits from September and October 2022, 64 audits were noted to be unaccounted for. During an interview with the Director of Programs and Active Living (DPAL), they indicated that some audits were not completed due to an outbreak and other audits they suspected what had happened to the sling, however, could not say for certain as the audit sheet had not been completed.

Sources: The home's Sling Safety Inspection Audits and staff interview with DPAL. [725]

COMPLIANCE ORDER CO #001 Continence care and bowel management

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O.Reg. 246/22, s. 56 (2) (b)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

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The Licensee has failed to comply with O. Reg. 246/22 s. 56. (2)(b)

Specifically, the licensee must:

A) Follow and implement the bowel plan that has been put in place for all residents when required and as ordered.

B) Train all registered nursing staff on the policy and procedures as it relates to the bowel program. Specifically, the training must include but is not limited to; how bowel days are counted, what the medical directives are for the bowel program and where to find them, documentation requirements as it relates to administration of the bowel protocol, charting assessments and interventions, communication with physician and follow-up, what action to take when an intervention from the bowel protocol or medical directives are ineffective.

C) Keep a record of the training, the training content, who completed the training and signatures of all staff that attended.

D) The Director of Care or Designate will complete monthly audits of 2 residents requiring bowel interventions on each unit until such time an inspector from the Ministry of Long-term Care complies the order.

E) The audits must include but are not limited to, which residents were reviewed, home area, were the bowel days counted correctly, were the interventions administered appropriately or documentation to support why it was not administered, was the Electronic Medication Administration Record signed as required, if the interventions were ineffective what actions were taken.

F) Keep a record of all audits and any deficiencies found and any corrective actions taken.

Grounds

The licensee failed to ensure that a resident's bowel plan was implemented.

Rational and Summary

A resident was identified in a Critical Incident System (CIS) report as having experienced health complications related to constipation. The resident's record review identified several specific orders related to their bowel plan, that were to be administered by the registered staff on specific days and times. However, the days and times as per the bowel plan order were not followed consistently and should have been.

Sources: Resident records, the home's policy titled: Prevention, Treatment of Constipation, and staff interviews. [725]

This order must be complied with by March 1, 2023

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COMPLIANCE ORDER CO #002 Administration of drugs

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee has failed to comply with O. Reg. 246/22 s. 140. (2)

Specifically, the licensee must:

- A. Ensure that all bowel medications are administered to all residents as per the directions of the prescriber.
- B. Review with all registered nursing staff the medication administration policies and procedures and/or standard practice requirements as it relates to administering medications.
- C. Review with all registered nursing staff the medication policies and procedures and/or standard practice requirements as it relates to medication orders; when using the home's approved methods of communication, requirements of an order, identify who is responsible to follow up when an order is incomplete and documentation requirements of when an order is received using the homes approved methods of communication.
- D. Review with all registered nursing staff the home's policy and/or standard practice requirements as it relates to documentation of medication administration, resident refusals, assessments, outcome of interventions and any additional exceptions.
- E. Keep a copy of all content reviewed.
- F. Obtain a signature from all registered staff who have completed the review.

Grounds

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

Rational and Summary

A resident was identified in a Critical Incident System (CIS) report as having experienced health complications related to constipation. The resident's record review identified several specific orders related to their bowel plan, that were to be administered by the registered staff on specific days and times. However, the medications were not administered in accordance with the directions for use specified by the prescriber and should have been.



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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Sources: Resident records, the home's policy titled: Prevention, Treatment of Constipation, and staff interviews. [725]

This order must be complied with by March 1, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.