



**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
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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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 9, 2014	2014_253514_0037	006272-14	Complaint

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF RIVERSIDE GLEN
60 WOODLAWN ROAD EAST, GUELPH, ON, N1H-8M8

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

RUTHANNE LOBB (514)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 19, 20, 2014.

During the course of the inspection, the inspector(s) spoke with the Acting General Manager, General Manager, Assistant General Manager, Director of Nursing Care, Assistant Director of Nursing Care, 2 Resident Assessment Instrument Coordinators, Kinesiologist, 1 Registered Practical Nurse, Scheduler, 2 Personal Support Workers and 10+ residents.

During the course of the inspection, the inspector(s) toured resident areas, observed staff interactions with residents, reviewed resident clinical records, reviewed home policies and procedures, and interviewed residents and staff.

The following Inspection Protocols were used during this inspection:



Contenance Care and Bowel Management
Falls Prevention
Personal Support Services
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with LTCHA requirements and its translation into French.

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 is:(b) complied with, as evidenced by:

The home's Wound Care Policy Tab 04-78, dated October 2014, notes that a complete skin assessment will be required on return from hospital, the Registered Team Member will initiate the Wound Protocol Checklist within 24 hours of a wound being reported and the Wound Care Nurse, or designate, will complete the Wound Assessment Tool of the areas reported.

A review of the progress notes for an identified resident revealed that the resident returned to the home after an admission to hospital. Upon return to the home, there was no evidence of a skin assessment being completed.

A review of the resident's progress notes revealed that the resident had an identified wound. There was no evidence to support that a Wound Protocol Checklist and Wound Assessment Tool was completed when the Registered Staff identified the presence of a wound.

The Assistant Director of Care confirmed that the home's expectation is that skin and wound assessments are to be completed as per the home's Wound Care Policy and confirmed that there was no documented evidence to support that for the identified resident, a skin assessment was completed upon return from hospital, or a Wound Protocol Checklist and Wound Assessment Tool were completed when the wound was identified. [s. 8. (1) (a),s. 8. (1) (b)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home's Wound Care Policy is complied with, to be implemented voluntarily.

Issued on this 9th day of December, 2014

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