



**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**

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

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^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

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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
Nov 22, 2013	2013_202165_0023	L-000886-13	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

TAMMY SZYMANOWSKI (165)

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 6, 2013

During the course of the inspection, the inspector(s) spoke with Assistant General manager, Director of Care, nursing staff and residents

During the course of the inspection, the inspector(s) reviewed clinical health record, policy and procedures and call bell logs

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

Findings/Faits saillants :

1. The licensee of the long term care home did not ensure that the rights of residents were fully respected and promoted including the resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

A) In October 2013, resident #001 rang their call bell for assistance in the evening hours. The resident stated that staff did not respond to their call bell for almost forty minutes. Call bell records revealed the resident's call bell was not answered for 33 minutes after it was activated. The Assistant General Manager acknowledged that the resident was not cared for consistent with their needs.

B) Several residents interviewed throughout the home confirmed that after activating their call bell they have to wait extended periods of time for staff to respond. One resident indicated that not often but it has occurred that they were incontinent while waiting for staff to respond to their call bell.

C) Call bell records reviewed confirmed that some residents wait extended periods of time after their call bell has been activated. Records revealed that one resident waited one hour and fifty minutes and one resident waited one hour and twenty seven minutes. The Assistant General Manager acknowledged that the response times were not acceptable and the expectation was for staff to answer the activated call bells immediately. [s. 3. (1) 4.]

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 licensee fully respects and promotes resident's rights including the resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, to be implemented voluntarily.

WN #2: 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).**
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Findings/Faits saillants :

1. Where the Act or this Regulation required the licensee of a long term care home to have, institute or other put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was complied with.

A) The home did not follow their "Use of pagers with Team Call System 06-32" policy. The procedure indicated that each nursing team member and each team leader, or designated person, would carry pagers. Every team leader was to assign a pager to each nursing staff member working. If the call was not answered in the first four minutes, the call would be signaled on the team leaders pager and they were directed to answer the resident's call immediately. If the call has not been answered all the pagers in the neighbourhood would be activated each minute until answered. If the call was not answered by eight minutes the neighbourhood co-ordinator's pager would activate.

The Assistant General Manager reported that not all staff carry pagers when working, pager batteries were not always charged and in working order and staff rely on the audible sounds of the call bell.

B) The home's "Use of Pagers with Team Call System" policy stated that the policy was to ensure optimal safety and security for each resident in an environment that was comfortable and free of extraneous noise. Team members would respond to all triggered activations of the call bell system in a timely and effective manner. A review of call bell logs revealed that residents waited extended periods of time for staff to respond when call bells were activated. In October 2013, staff did not respond to resident's call bells when activated in a timely and effective manner. Response times for the identified call bells activated were 50 minutes, 1 hour and 50 minutes, 28 minutes, 45 minutes, 52 minutes and 1 hour and 27 minutes. [s. 8. (1)]



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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 where the Act or this Regulation requires the licensee of a long term care home to have, institute or other 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 was complied with, to be implemented voluntarily.

Issued on this 12th day of December, 2013

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