



**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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 19, 2015	2014_303563_0064	007806-14	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

MELANIE NORTHEY (563)

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): December 30, 2014

During the course of the inspection, the inspector(s) spoke with the Director of Nursing, the Assistant Director of Nursing, one Registered Practical Nurse (RPN), one Neighbourhood Coordinator(RPN), 3 Personal Support Workers and one Resident.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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 O.Reg 79/10, s. 53. Responsive behaviours



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Specifically failed to comply with the following:

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
 - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
 - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

Findings/Faits saillants :



1. The licensee failed to ensure that, for each resident demonstrating responsive behaviours, the behavioural triggers for the resident are identified, where possible; strategies are developed and implemented to respond to these behaviours, where possible; and actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

Record review of the Annual Minimum Data Set (MDS) Assessment for Resident # 1 revealed the resident exhibited various mood and behaviour symptoms. Review of the most recent MDS Assessment revealed the resident now demonstrates an increase in indicators of mood and behaviour patterns.

Record review of the progress notes for Resident # 1 revealed ongoing mood and behaviour symptoms. Record review of the current "Mood State / Behaviours" plan of care revealed there were no interventions or strategies developed in the plan of care to respond to daily mood and behaviours.

Staff interview with the Director of Nursing (DON) confirmed resident's current care plan does not set out measurable goals and does not outline interventions for moods and behaviours triggered by the RAI-MDS. The DON confirmed it is the home's expectation to have a current care plan that directs staff in the care and interventions provided as they relate to those moods and behaviours outlined in the MDS/RAPs.

Staff interview with Personal Support Worker (PSW) and the Neighbourhood Coordinator (NC) revealed the resident often displays daily mood and behaviour symptoms. The NC confirmed interventions in the resident's current plan of care do not outline specific interventions or actions to respond to the needs of the resident as they pertain to these mood and behaviours. [s. 53. (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, for each resident demonstrating responsive behaviours, the behavioural triggers for the resident are identified, where possible; strategies are developed and implemented to respond to these behaviours, where possible; and actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :



1. The licensee failed to ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.

Observation of Resident # 1 revealed resident was administering noon medications alone to him/herself in the resident's room. Inspector observed a plastic spoon and empty medication cup on the floor under resident's bed.

Record review of the MediSystem Medication Administration Record for Resident # 1 revealed the resident is not to self dispense meds.

Record review of "Administration of Medications" Policy dated May 2014 revealed, "Never leave medication for the Resident to administer to him/herself unless there is a Physician's Order allowing that person to self-medicate."

Staff interview with the Registered Practical Nurse (RPN) confirmed there is no order for the resident to self-administer medications and the RPN confirmed he/she would not know if the medications had been taken or not, and confirmed it is the home's expectation that registered nursing staff ensure residents take their medications as prescribed.

Record review of the progress notes revealed there was no order for self-administration received at this time.

Interview with Assistant Director of Nursing confirmed the resident is not to be left with medications or creams in the resident's room to self-administer and staff have been made aware of this directive. [s. 131. (5)]

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 no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.



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Issued on this 19th day of January, 2015

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

Original report signed by the inspector.