

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 17, 2019	2019_750539_0014	014497-19, 014498-19	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 Riverside Glen  
60 Woodlawn Road East GUELPH ON N1H 8M8

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

VALERIE GOLDRUP (539), TAWNIE URBANSKI (754)

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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): August, 1, 6-9, 12-16, 19-22, 2019.**

**The following intakes were completed in this Complaint inspection:**

**Log #014498-19/ IL-68706-CW, a complaint regarding resident care.**

**Log #014497-19/ CIS #2915-000020-19, an incident that caused an injury to a resident which resulted in a significant change to the resident's health status.**

**This inspection was completed concurrently with Complaint inspection 2019\_750539\_0013 and Complaint inspection 2019\_750539\_0015.**

**During the course of the inspection the inspector(s) toured the home and observed resident care, services and activities. Clinical records and plans of care for identified residents were reviewed. Also, relevant documents were reviewed including but not limited to the home's documentation and procedures as related to the inspection.**

**During the course of the inspection, the inspector(s) spoke with the General Manager, Assistant General Manager, Director of Nursing Care (DOC), Assistant Directors of Care (ADOC), a Personal Expression Resource Team member (PERT), A Resident Assessment Instrument (RAI) Coordinator, a Social Service Coordinator, a Dietitian, a Kinesiologist, Neighbourhood Coordinators, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Care Assistants (PCA), residents and their families.**

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

**Continance Care and Bowel Management**

**Falls Prevention**

**Hospitalization and Change in Condition**

**Nutrition and Hydration**

**Pain**

**Personal Support Services**

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

- 1 WN(s)**
- 1 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>Légende</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>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee failed to ensure the care set out in the plan of care for bowel management was provided to the resident as specified in the plan.

A Critical Incident System (CIS) report was submitted to the Ministry of Long-Term Care (MOLTC) on a specified date, for an incident that resulted in a significant change in resident #002.

On a specified date, a complaint was made to the MOLTC by a family member regarding the same incident.

Review of resident #002 and resident #003's clinical records showed the residents did not receive their care as specified in the plan of care in relation to bowel management.

Staff verbalized the home's normal practice for providing care, as documented in the home's policy.

An ADOC reviewed the clinical records of resident #002 and #003 and confirmed that due to a computer problem during the identified time periods the residents had not received their care as specified in their plan of care.

The licensee failed to ensure the care set out in the plan of care for resident #002 and #003 for bowel management was provided to the residents as specified in the plan. [s. 6. (7)]

***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 care set out in the plan of care is provided  
to the resident as specified in the plan, to be implemented voluntarily.***

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**Issued on this 22nd day of September, 2019**

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

**Original report signed by the inspector.**