

Inspection Report under the Long-Term Care Homes Act, 2007**Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**
Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 21, 2020	2020_798738_0022	002332-20, 003226-20, 009317-20, 010828-20, 013278-20, 018540-20	Complaint

Licensee/Titulaire de permis

Schlegel Villages 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

AMANDA OWEN (738), KATHERINE ADAMSKI (753), VALERIE GOLDRUP (539)

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): September 16-18, 2020.

The following intakes were completed in this Complaint inspection:

- Log #009317-20, related to a complaint of alleged sexual abuse;**
- Log #002332-20, related to Compliance Order #001 from inspection #2020_738753_001, related to continence care and oxygenation;**
- Log #018540-20, Critical Incident System (CIS) #2915-000022-20, related to falls prevention and management;**
- Log #003226-20, CIS #2915-000005-20 and Log #013278-20, CIS #2915-000016-20, related to alleged sexual abuse of a resident; and**
- Log #010828-20, CIS #2915-000011-20, related to elopement.**

During the course of the inspection, the inspector(s) spoke with the Assistant General Manager, Director of Care, Assistant Director of Nursing/Personal Expression Resource Team Lead, a Registered Practical Nurse, a Personal Support Worker, Personal Care Assistants, and residents.

The inspectors also toured the home, observed resident care provision, reviewed clinical records, and completed interviews with staff and residents.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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)**

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The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2020_738753_0001	738	

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES
Legend

WN – Written Notification
 VPC – Voluntary Plan of Correction
 DR – Director Referral
 CO – Compliance Order
 WAO – Work and Activity Order

Légende

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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

The licensee has failed to ensure that resident #006 was protected from sexual abuse by resident #003.

O. Reg 79/10 s. 2 (1) defines sexual abuse as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

A staff member witnessed resident #003 exhibiting inappropriate behaviour towards resident #006. Resident #006 appeared upset at the time of the incident.

There was minimal harm to resident #006 as they did not demonstrate any outward signs of physical or emotional impact following the incident. They did not sustain any injuries because of the incident.

Sources: Progress notes, home's investigation records, an interview with the Director of Care, and other staff interviews.

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 resident #006 is protected from sexual abuse by resident #003, to be implemented voluntarily.



**Ministry of Long-Term
Care**

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**Ministère des Soins de longue
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Issued on this 22nd day of September, 2020

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

Original report signed by the inspector.