Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Feb 22, 2022	2022_750539_0003	016276-21, 016749-21, 016861-21, 017464-21, 018060-21, 018828-21, 019608-21, 019660-21	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

VALERIE GOLDRUP (539), AMY ABBOTT (694420)

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): January 31, 2022, and February 1-4, 2022.

The following intakes were inspected during this Complaint inspection:

Log #019608-21 was a complaint about a resident's fall prevention and management.

Log #016276-21, Log #016861-21, Log #018828-21, and Log #019660-21, were related to fall prevention and management.

The following intakes were completed in the inspection:

Log #016749-21, Log #017464-21, and Log #018060-21, were related to falls.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing Care (DNC), an Assistant Director of Nursing Care (ADNC) / Infection Prevention and Control Lead (IPAC Lead), the Director of Environmental Services, a Nurse Practitioner (NP), a Neighbourhood Coordinator, a Charge Nurse, a Physiotherapist (PT), an Exercise Therapist, Personal Support Workers (PSWs), and residents.

During the course of the inspection, the inspectors toured the home, observed resident and staff interactions, and infection prevention and control practices. They reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Reporting and Complaints

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)**

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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 79/10, s. 49 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a falls prevention device was readily available at the home.

A resident had been recently admitted to the home. During a three and half week period they sustained a number of falls in their room. In the last two of three falls the resident was transferred to hospital with injury.

Prior to admission, the resident's family had requested the use of a fall prevention device, however, there was a delay in implementation.

Failing to implement the fall prevention device on the resident's admission may have contributed to the resident's frequent falls.

Source: Critical Incidents reports; the resident's plan of care including their fall incident reports; email correspondence; interview with a resident's family member; interview with staff. [s. 49. (3)]

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 equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home, to be implemented voluntarily.

Issued on this 22nd day of February, 2022

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

Original report signed by the inspector.