

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: March 26, 2025
Inspection Number: 2025-1399-0002
Inspection Type: Complaint Critical Incident Follow up
Licensee: Schlegel Villages Inc.
Long Term Care Home and City: The Village of Riverside Glen, Guelph

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 19-21, 24 and 25, 2025.

The following intake(s) were inspected:

- Intake: #00139511, related to laundry services and missing items.
- Intake: #00140024 and #00141061, related to infection prevention and control.
- Intake: #00140563, follow-up order #001 related to prevention of abuse and neglect.
- Intake: #00141661, related to prevention of abuse and neglect.
- Intake: #00142353, complaint related to maintenance and housekeeping services.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #001 from Inspection #2025-1399-0001 related to FLTCA, 2021, s. 24 (1)

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Complaints Procedure — Licensee

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to immediately forward written complaints, related to multiple items of missing clothing, sent to a Neighbourhood Coordinator, on three different dates, to the Director.

Sources: emails and interview with a Neighbourhood Coordinator.

WRITTEN NOTIFICATION: Dealing With Complaints

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NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1)

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
 - ii. an explanation of,
 - A. what the licensee has done to resolve the complaint, or
 - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
 - iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

The licensee has failed to ensure that when a resident's Power of Attorney (POA) made a written complaint to a Neighbourhood Coordinator related to missing

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clothing, there was a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint.

Sources: emails from a resident's POA, interviews with a resident's POA and a Neighbourhood Coordinator.

WRITTEN NOTIFICATION: Dealing With Complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

The licensee has failed to ensure that the written complaint received related to missing clothing, was kept and maintained in their records with all the requirements under the Regulations.

Sources: a resident's POA emails, interviews with the interviews with resident's POA and a Neighbourhood Coordinator.

COMPLIANCE ORDER CO #001 Accommodation Services

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NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (a) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1)Who, with an understanding of environmental services and practices, will be designated to review and amend the existing policy and procedures for the housekeepers and food services aides to clearly identify their daily duties in regard to the return air ventilation covering grilles and cleaning and sanitization of the home's serveries. This includes how and when the policies and procedures would be reviewed/amended.

2)Who, with an understanding of adult education principles, will ensure that all applicable staff who are required to follow the housekeeping and food services aides policies and procedures will receive education and/or training with respect to the amended and newly developed housekeeping and food services aides policies and procedures; and;

How the education and/or training will be provided; and

a)How the education and/or training will be tracked to determine who has or has not received and completed the education and/or training, and when; and

b)How, when, and at what intervals staff will be evaluated to ensure that they continue to follow the policies procedures within the education and/or training.

3)Who, will be designated to complete audits on the cleanliness of the return air

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ventilation covering grilles and serveries, and document the result of the audits and actions taken to ensure the cleanliness of the return air ventilation covering grilles and cleaning and sanitization of the home's serveries. Consider having more than one individual to complete the audits.

4)Where the revised procedures will be displayed for the applicable staff's review and reference.

5)Provide actions to address sustainability once the home has been successful in ensuring compliance with the policies.

Please submit the written plan for achieving compliance for inspection #2025-1399-0002 to LTC Homes Inspector, MLTC, by email by April 10, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that, the home's return air ventilation grilles throughout the home, a seat, equipment and floors in the serveries for Eramosa, Puslinch/Nichol and Mapleton neighbourhood were kept clean and sanitary.

A complaint was sent the Director regarding the uncleanliness of the food service area on Puslinch neighbourhood and unclean return air ventilation grilles.

On two different dates, most return air ventilation grilles located on the ceilings throughout the home were found to be covered with thick dust. The serveries for Eramosa, Puslinch/Nichol and Mapleton neighbourhoods were found with unclean and dust on top of the equipment, dirty floors with dark viscous matter mixed with food debris at the corners of the rooms and under and between the equipment. In room a resident's room a chair was found with a dried brownish matter that had been dropping at the front of the seat and on the right side of the chair.

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A housekeeper stated they did not know if cleaning the return air ventilation grilles was part of their daily routine when asked but part of when a room became vacant.

The home's "Cleaning Principles" duties for housekeepers included for: terminal/discharge cleaning: to clean vents" but not in their daily routine.

The Director of Environmental Services stated the return air ventilation grilles were clean every 6 months, and housekeepers were to clean the return air ventilation grilles when a resident was discharged as part of their deep cleaning or when needed.

Three Food Services Aides stated that they only clean their food service area and that floors, air vents and equipment are cleaned by the housekeepers.

The home's daily duties policy for Dietary Aides included cleaning equipment and moping the floors.

The Food Service Manager (FSM) stated the Food Service Aides clean their work area and should be cleaning the equipment. They said that housekeeping washed the floors in the serveries. FSM stated that they also audited the serveries, and they could not answer the inspector when asked why then the serveries were in that state of uncleanliness.

The inspector completed a tour of the areas with the Director of Environmental Services and the General Manager to acknowledge the observations.

Sources: Dietary Aides Cleaning Checklist, Housekeeping policy "Cleaning Principles" and daily cleaning routines, interviews with three Food Service Aides, a housekeeper, the Director of Environmental Services, the Food Service Manager and the General Manager.

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This order must be complied with by May 1, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.