Ontario

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 26, 2014	2014_228172_0004	L-000426-14	Resident Quality Inspection

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

JOAN WOODLEY (172), DOROTHY GINTHER (568), SALLY ASHBY (520), SHARON PERRY (155), SHERRI GROULX (519)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): April 22, 23, 24, 25, 29, 30, May 1, 2, 5, 2014

During the course of the inspection, the inspector(s) spoke with the current Acting General Manager and the past General Manager, the Director of Nursing Care, the Corporate Clinical Nurse, the Assistant Director of Nursing Care 1 Registered Nurse, 10 Registered Practical Nurses, 21 Personal Support Workers, 2 RAI-MDS Coordinators, 1 Kinesiologist, 3 Dietary Aides, 1 Maintenance Worker, 1 Laundry Aide, 4 Housekeeping Aides, the Recreation Manager, 1 Recreation Aide, the Director of Food Services, 1 Cook, Resident Council representative, Family Council representative, Residents and Families.

During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas, observed residents and care provided to them, observed meal service, medications passes, medication storage areas, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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	Legendé 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. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).
(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The Licensee has failed to ensure that the staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs.

O. Reg 79/10, s. 31.(3) (a) has been previously issued as a Compliance Order on March 17, 2014 (inspection number 2014_202165_0005, CO# 001) with a compliance date of April 11, 2014.

During this inspection a Resident shared one can wait a long time to be toileted especially between the hours of 06:00 and 07:00 hours.

Another Resident shared one had to wait for assistance. At times, one will also have to yell for assistance as the bell is not answered. The resident shared that some staff leave at 22:00 and so ringing, starting at 21:45 hours ensure assistance is given before they leave. This resident shared some staff help when it suits their schedule, not the resident's.

Another resident shared the residents continue to have issues with wait times for care. It was the residents' understanding that the home was going to add more staff but reported that it had not happened.

A review of the call bell log records revealed :
a) April 24, 2014 at 19:44 hours a call bell was activated and was canceled in 24:04 minutes.

b) April 24, 2014 at 20:32 hours another call bell was activated and the bell was canceled in 19:43 minutes. During this inspection residents shared they had to wait too long at times for their bath or to get assistance, especially in the evening.

c) April 24, 2014 at 20:55 hours a call bell, on another Resident Home Area was activated and bell was canceled in 28:59 minutes.

d) April 25, 2014 at 20:17 hours a call bell in a bathroom was activated and the bell was canceled in 19:17 minutes.

c) April 25, 2014 at 20:27 hours another call bell was activated and was canceled in 21:27 minutes.

Review of the job postings for an additional 8 hour personal support worker for 1500-2300 hours 7 days a week were not posted until April 28, 2014.

Review of the job postings for a full time Registered Practical Nurse for 2230-0630 hours 7 days a week were not posted until April 28, 2014.

The order compliance date was April 11, 2014.

The Director of Nursing Care confirmed that there were no additional Personal Support Worker or Registered Practical Nurse hours added since the order on March 17, 2014 and that the new postings are up until May 8, 2014, will be awarded, and that hours are planned to start on May 9, 2014. [s. 31. (3)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The Licensee has failed to ensure the plan of care sets out clear direction for the staff and others who provide direct care to the resident.

Interviews with 2 Personal Support Workers revealed a resident required treatment on a specific location on the body.

Care Plan review identified the treatment area on a different location.

Review of a consultation revealed the location area was different from the care plan.

Interview with the Director of Nursing Care confirmed the correct location for a treatment which was different from the care plan. [s. 6. (1) (c)]

2. The Licensee has failed to ensure staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent and complement each other.

Interviews with 2 Personal Support Workers and a member of the Registered Staff revealed a resident's mobility status.

Care plan review revealed resident a different ambulation process.

Interview with Kinesiologist revealed an assessment related to this resident's mobility was completed and documented on the care plan. The directions for ambulation was part of the therapy program and not the expectation that the nursing staff would be walking the resident following these directions. The documentation did not support/ clarify this point in the care plan. [s. 6. (4) (a)]

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 written plan of care for each resident sets out clear directions to staff and others who provided direct care to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Review of Policy Infection Control Sanitization/Risk Management gave direction for labeling and dating certain therapy equipment.

Observation revealed an unlabeled and undated therapy equipment for 2 residents.

These observations were verified by a Registered Staff Member. [s. 8. (1) (a),s. 8. (1) (b)]

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 home policies and procedures for care are complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

Observations made during the inspection revealed:
a rust stained toilet, soiled privacy curtains, a toilet plunger sitting on the floor beside the toilet and
yellowish soap build up on tile wall in a shower room .

The Director of Environmental Services verified the housekeeping concerns.

The Director of Environmental Services confirmed the home's expectation is to have furnishings and equipment kept clean and sanitary. [s. 15. (2) (a)]

2. The Licensee has failed to ensure the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Observation made during the inspection revealed:
a) a hairdryer plugged in above the toilet and sink,
b) a thick layer of caulking on the lower tiles near the floor,
c) a wall patched around arm rail for the toilet(not finished or painted) and arm rail was loose,
d) a missing electrical outlet cover,
e) end tables with scrapes, dents and scratches on the legs and surface,
f) walls have holes or gouges in need of repair,
g) stained ceiling tiles in bathrooms,
h) an unclean vent,
i) broken tiles,
j) paint and missing wallpaper in hallways. [s. 15. (2) (c)]

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 the home, its furnishings and equipment are kept clean, sanitary and in a safe condition and a good state of repair, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Review of Personal Care Observation and Monitoring Form for Residents revealed missing documentation.

Review of the Medication Order Sheet revealed missing initials.

Interview with a member of the Registered staff verified the missing documentation. [s. 30. (2)]

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 there is documentation for any actions taken with respect to a resident under a program, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure, at least weekly reassessments are completed on residents exhibiting altered skin integrity.

Chart review revealed wound assessments were completed for a Resident on: Dec. 30, 2013; January 5, 2014; unknown date; Feb 6, 18, 20, 2014; March 16; April 17, 2014.

Review of Home's Quarterly Wound Prevention Meeting minutes, revealed a reminder to registered staff to complete their weekly wound assessments.

Interview with Director of Nursing Care confirmed it is the home's expectation that weekly wound assessments are to be done for any wounds that meets their policy and that they were not completed consistently.[s. 50. (2) (b) (iv)]

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 weekly skin and wound assessments are completed consistently, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The Licensee has failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations

Interview with the Resident Council Chair revealed that the responses provided by the Licensee to specific concerns or recommendations from the Resident Council do not come directly to her. The response is typed into the minutes by the assistant who then provides her with a copy of the minutes. The Resident Council Chair further indicated that she does not usually receive these minutes until just prior to the next meeting, one (1) month later.

Interview with the Recreation Manager confirmed that the Assistant General Manager responds to the concerns and recommendations brought forward by Resident Council. The Manager believes the responses are entered into the minutes of the meeting. The Manager was unable to provide copies of the written responses to issues and concerns raised by Resident Council in the last three months. [s. 57. (2)]

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 written responses to Resident Council concerns are provided within 10 days, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The Licensee has failed to respond in writing within 10 days of receiving Family Council's concerns or recommendations.

Review of the Family Council's minutes revealed responses were provided to the concerns but integrated into the Family Council's minutes and not as a written response to the Family Council [s. 60. (2)]

2. Review of responses to Family Council concerns provided by the Acting General Manager revealed a Family Council meeting was held on February 27, 2014. The response to Family Council was dated March 19, 2014 which is greater than 10 business days. [s. 60. (2)]

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 written responses to Family Council concerns are provided within 10 days, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The Licensee has failed to seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.

Interview with the Resident Council Chair revealed that the home did not ask the Council for any input into the development or carrying out of the last satisfaction survey. The results of the survey were not shared with Council nor were the actions related to these results.

Review of Resident Council Minutes for January, February and March 2014; as well as July, September, November and December 2013 did not reveal documentation of discussions related to the satisfaction survey. [s. 85. (3)]

2. The Licensee has failed to seek the advice of the Family Council in developing and carrying out the satisfaction survey and in acting on its results .

Interview with the Chair of the Family Council revealed she was not aware of any satisfaction survey being completed in this home so no input had been sought and thus there were no resulting actions to be shared.

Interview with the Interim General Manager confirmed a satisfaction survey had not been completed in this home in the last year. [s. 85. (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 advice is sought from Resident and Family Council in developing, carrying out the satisfaction survey and in acting on its results, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The Licensee has failed to ensure that all hazardous substances at the home are kept inaccessible to residents at all times.

Observations revealed a spa shower room door held open with a wood bench. There was a one litre bottle of Virox 5RTU surface cleaner noted sitting on top of the paper towel holder.

Staff interview with a member of the Registered Staff confirmed that the door is to be closed and locked when staff are not in the room.

A second observation revealed the spa tub room door was propped open again. Arjo disinfectant IV was noted in the unlocked wood cupboard.

Staff interview with a member of the Registered Staff confirmed that the door to the room is to be kept closed and locked when staff are not present. [s. 91.]

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 hazardous substances are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure that drugs are stored in an area that is used exclusively for drugs and drug-related supplies.

Observations revealed a urine sample noted to be stored in the vaccine fridge.

Interview with a member of the Registered Staff confirmed that they had placed the sample in the vaccine fridge.

Interview with the Director of Resident Care confirmed that urine samples are not to be placed in the vaccine fridge and that there is a separate fridge for urine samples and any other specimens. [s. 129. (1) (a)]

2. Observations made on a secured Resident Home Area, revealed an open card board box sitting on the floor under the nurses' station desk containing approximately 20 prescription creams. No Registered staff were present at the nurses station. Residents were observed wandering about the nurses' station.

Interview with Director of Nursing Care, Corporate Clinical Nurse and Assistance Director of Nursing Care confirmed the home's expectation is that all medications, including prescription creams would not be left sitting out and unattended, especially on the secured Resident Home Area. [s. 129. (1) (a)]

3. The Licensee has failed to ensure that controlled substances are stored in a double-locked area.

Observations of the medication fridges on 2 Resident Home Areas revealed 2 vials of Lorazepam 4mg/ml injectable.

Interviews with a member of the Registered Staff and the Director of Nursing Care confirmed that this medication is part of the emergency drug supply and that the home's expectation is that all controlled substances will be double-locked. [s. 129. (1) (b)]

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 medications are stored in an area that is used exclusively for drugs and drug related supplies and to ensure controlled substances are stored in a double-locked area, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The Licensee has failed to ensure that all areas where drugs are stored are kept locked at all times, when not in use.

Observation on a Resident Home Area revealed an unlocked and unattended medication cart by the nurses desk.

Interview with a member of the Registered Staff confirmed that the medication cart was unlocked and unattended.

Interview with a member of the Registered Staff verified the home's expectation is that all medication carts are to be locked when unattended. [s. 130. 1.]

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 the security of drug supply, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The Licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

During the initial home tour and throughout inspection observations revealed:
a) a black comb with hair, on the back of the toilet in a shower room,
b) a bar of soap on the floor in a shower,
c) a urinal hanging on the grab bar near a shower,
d) a slipper bed pan sitting on the floor beside atoilet,
e) handwashing by a server during lunch was not observed,
f) 1 urinal, 2 washbasins were on the floor beside a toilet, soiled privacy curtains, nail clippings in nail
bins, tub brush on floor
g) a catheter bag (unlabeled) hanging in shared bathroom with the clamp on the floor,

h) a toilet plunger beside a toilet on floor,
i) a tub brush on floor near a tub,
j) a urine hat on floor,
k) a large Tim Horton's coffee cup still with liquid in it stored beside towels and facecloths in a tub room,
l) a personal plastic water bottle also stored beside towels and face clothes in a tub room.
[s. 229. (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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.

Findings/Faits saillants :

1. The Licensee has failed to ensure the resident received individualized personal care, including hygiene care and grooming on a daily basis.

Observations of a female Resident made throughout the inspection, revealed facial hair .

Interviews with 2 Personal Support Workers confirmed that female facial shaving usually occurs on bath days but can also occur whenever it is necessary during morning care unless the Resident exhibits resistive behaviours.

Record review revealed no history of resistive behaviours, that would inhibit staff from shaving her facial hair with a razor. A request had been made by the family to remove facial hair on a regular basis.

Review of the Nursing Policy and Procedure Manual, Care section, Subject: Spa (Shower, Tub Bath, Sponge Bath), Tab 04-06, dated Feb 2014, revealed under the Procedure for Shower/Tub Bath/Sponge Bath (#10) that male residents are to be shaved using their individual razor or a disposable razor. Female residents will have facial hair shaved or plucked as per their personal choice and care plan. [s. 32.]

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear. O. Reg. 79/10, s. 40.

Findings/Faits saillants :

1. The Licensee has failed to ensure that a resident was dressed in their own appropriate clean footwear.

Observations of a resident, during the inspection revealed the resident was wearing black shoes that were encrusted with food debris.

Interview with a Personal Support Worker revealed that it is their responsibility to ensure that the resident wears appropriate footwear and that they are kept clean. Personal Support Worker confirmed that a specific resident's shoes were not clean as food debris was stuck to the surface of the shoes.

Interview with the Director of Nursing Care confirmed that the home's expectation is that residents will wear clean footwear. [s. 40.]

WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 58. Residents' Council assistant

Specifically failed to comply with the following:

s. 58. (1) Every licensee of a long-term care home shall appoint a Residents' Council assistant who is acceptable to that Council to assist the Residents' Council. 2007, c. 8, s. 58. (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure that the appointed assistant to Resident's Council to assist the Council is acceptable to the Council.

Interview with the Resident Council Chair revealed that the Recreation Manager appoints a staff member to attend their meetings, to act as an assistant. This individual is not always the same for each meeting and is not someone that the Residents Council has accepted. [s. 58. (1)]

2. Interview with the Recreation Manager indicated that he had a meeting with the Resident Council Chair approximately one month ago at which point he was advised that it was not always the same assistant attending the Council meetings and that Council had not had input as to who attends.

Review of the Resident Council Meetings for the past 3 months revealed that a different assistant was present for the February 2014 meeting than the January and March 2014 meetings. [s. 58. (1)]

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure menu substitutions are documented on the production sheet.

Interviews with the Cook and Food Service Workers revealed menu substitutions are documented on the menus that the Cooks and Food Service Workers use.

Observations of the regular menu revealed the substitutions were written in pen on the menu but not on the production sheets.

Interview with the Director of Food Services revealed the home's expectation is that menu substitutions would be document on the production sheets. [s. 72. (2) (g)]

Issued on this 26th day of May, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs
Joan. L. Woodley. R.N.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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 performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JOAN WOODLEY (172), DOROTHY GINTHER (568), SALLY ASHBY (520), SHARON PERRY (155), SHERRI GROULX (519)
Inspection No. / No de l'inspection :	2014_228172_0004
Log No. / Registre no:	L-000426-14
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	May 26, 2014
Licensee / Titulaire de permis :	OAKWOOD RETIREMENT COMMUNITIES INC. 325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5
LTC Home / Foyer de SLD :	THE VILLAGE OF RIVERSIDE GLEN 60 WOODLAWN ROAD EAST, GUELPH, ON, N1H-8M8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Brad Lawrence (Acting) ~~HEATHER CAUWENBERGHE~~

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

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Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

To OAKWOOD RETIREMENT COMMUNITIES INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

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Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2014_202165_0005, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The Licensee shall implement the plan that was submitted related to the order previously issued on March 17, 2014.

Grounds / Motifs :

1. The Licensee has failed to ensure that the staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs.

O. Reg 79/10, s. 31.(3) (a) has been previously issued as a Compliance Order on March 17, 2014 (inspection number 2014_202165_0005, CO# 001) with a compliance date of April 11, 2014.

During this inspection a Resident shared one can wait a long time to be toileted especially between the hours of 06:00 and 07:00 hours.

Another Resident shared one had to wait for assistance. At times, one will also

have to yell for assistance as the bell is not answered, The resident shared that some staff leave at 22:00 and so rining, starting at 21:45 ensures assistance s given before they leave. This resident shared some staff help when it suits their schedule and not the resident's..

Another Resident shared the residents continue to have issues with wait times for care. It was the resident's understanding that the home was going to add more staff but reported that it had not happened.

A review of the call bell log records revealed :
a) April 24, 2014 at 19:44 hours a call bell was activated and was canceled in 24:04 minutes.

b) April 24, 2014 at 20:32 hours another call bell was activated and bell was canceled in 19:43 minutes.
During this inspection residents shared they had to wait too long at times for their baths or to get assistance, especially in the evening.

c) April 24, 2014 at 20:55 hours a call bell, on another Resident Home Area was activated and bell was canceled in 28:59 minutes.

d) April 25, 2014 at 20:17 hours a call bell in bathroom was activated and bell was canceled in 19:17 minutes.

e) April 25, 2014 at 20:27 hours another call bell was activated and was canceled in 21:27 minutes.

Review of the job postings for an additional 8 hour personal support worker for 1500-2300 hours 7 days a week were not posted until April 28, 2014.

Review of the job postings for a full time Registered Practical Nurse for 2230-0630 hours 7 days a week were not posted until April 28, 2014.

The order compliance date was April 11, 2014.

The Director of Nursing Care confirmed that there were no additional Personal Support Worker or Registered Practical Nurse hours added since the order on March 17, 2014 and that the new postings are up until May 8, 2014, will be awarded, and that hours are planned to start on May 9, 2014.

Ontario

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(155)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 02, 2014

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 26th day of May, 2014

Signature of Inspector / Signature de l'inspecteur : Joan L. Woodley. RN

Name of Inspector / Nom de l'inspecteur : JOAN WOODLEY

Service Area Office / Bureau régional de services : London Service Area Office