



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection prévue  
le Loi de 2007 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**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## **Amended Public Copy/Copie modifiée du public de permis**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 19, 2017;	2016_541169_0019 (A1)	034771-16	Resident Quality Inspection

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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 ERIN MEADOWS  
2930 Erin Centre Boulevard MISSISSAUGA ON L5M 7M4

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



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JESSICA PALADINO (586) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**Amendment made due to error in resident number. Resident #012 in s. 6 (10) (b) non-compliance was incorrect; changed to resident #021.**

**Issued on this 19 day of May 2017 (A1)**

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

**Original report signed by the inspector.**



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JESSICA PALADINO (586) - (A1)

### **Amended Inspection Summary/Résumé de l'inspection modifié**

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

**This inspection was conducted on the following date(s): December 20, 21, 22, 23, 2017 and January 4, 5, 6, 9, 10, 2017**

**The following additional inspections were completed with this inspection and are included in the report:**

**Complaints: 013023-15 related to falls prevention**

**020025-15 related to care and financial concerns**

**020989-15 related to skin and wounds**

**018636-16 related to care**

**029957-16 related to care**

**Follow up to order #002 issued 2016\_449619\_0002 due May 24, 2016 Log# 006073-16**

**During the course of the inspection, the inspector(s) spoke with Interim General Manager, Director of Care (DOC), Assistant Director of Care (ADOC), Director of Recreation (DOR), Neighbourhood Coordinators, Director of Environmental Services (ESS), Director of Food Services (DFS), Registered Dietitian (RD), Office Manager, Personal Support Workers (PSS), Registered Nursing staff, housekeeping staff, dietary staff, Behaviour Support staff (BSO), residents, families and substitute decision makers (SDM).**



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**The inspectors observed care provision throughout the home, reviewed clinical records and minutes of meetings, toured the home, observed medication administration and medication storage areas, observed recreation activities, reviewed relevant policies and procedures, observed resident-staff interactions, observed posting of required information and observed general maintenance.**

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

**Accommodation Services - Housekeeping**

**Accommodation Services - Maintenance**

**Dignity, Choice and Privacy**

**Falls Prevention**

**Family Council**

**Food Quality**

**Hospitalization and Change in Condition**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Reporting and Complaints**

**Residents' Council**

**Skin and Wound Care**



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

**6 WN(s)**

**6 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 15. (1)	CO #001	2016_449619_0002	169



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**

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

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).**

**s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

**Findings/Faits saillants :**

1. The license failed to ensure that each resident is offered a snack in the



afternoon and evening.

During interview with resident #016's care staff, they indicated that resident was given their labelled afternoon snack, but never received any other snacks like the other residents did.

Interview with the RD on January 6, 2017, confirmed that resident #016 should be receiving their labelled snack items in addition to the snack items listed on the snack menu for each day.

Observation of the afternoon snack pass on a resident home area on January 6, 2017, confirmed that regular cookies were available for residents; however, there were no minced or pureed snacks for the residents receiving minced or pureed diets. There were multiple residents on the home area that required minced diets and multiple that required pureed diets. The PSW confirmed that residents receiving minced and pureed diets only received drinks and any labelled items during the snack pass each day, but no cookies or other snacks. The staff member confirmed that residents who required minced or pureed diets were not provided with snacks. [s. 71. (3) (c)]

2. The licensee failed to ensure that the planned menu items were offered and available at each meal and snack.

During interview with resident #016's staff, they indicated that the resident always seemed to get pureed fruit for dessert only, and never any alternatives such as cake or cookies.

The therapeutic menu for January 6, 2017, called for pureed pineapple and pureed banana cake to be offered to residents receiving a pureed diet. There were 10 residents in the home area that require a pureed diet. During meal service in the dining room, the dessert cart was observed to have regular fruit and banana cake, as well as pureed fruit; there was no pureed banana cake. Interview with dietary staff #100 confirmed that they prepared the desserts for that day and said that the residents on that unit typically choose the fruit option; therefore, did not provide that dining room with any pureed cake. The staff member confirmed that the residents receiving pureed diets were not offered the two choices from the planned menu. [s. 71. (4)]





***Additional Required Actions:***

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

***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 that ensures that each resident is offered a minimum of, (c) a snack in the afternoon and evening and shall ensure that the planned menu items are offered and available at each meal and snack, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007, 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

**(A1)**



1. The licensee failed to ensure resident #021's written plan of care set out the planned care for the resident.

Progress notes and interview with the DOC, confirmed that resident #021 used two specific falls interventions when in bed due to their history and risk of falls. Review of the resident's documented plan of care did not include the use of these falls prevention interventions. The DOC confirmed the resident's plan of care did not include the planned care for the resident related to falls prevention. [s. 6. (1) (a)]

2. The licensee failed to ensure that resident #016's plan of care was revised when the resident's care needs changed.

Resident #016 had a swallowing assessment, which indicated they were to have a specific strategy for eating. The resident had another swallowing assessment later that month which changed the strategy. The documented plan of care was not updated to accurately reflect the resident's care needs when their needs changed. [s. 6. (10) (b)]

3. The licensee failed to ensure that resident #021 was reassessed and the plan of care reviewed and revised when care set out in the plan was not effective.

Resident #021 was at risk of falling. Review of the progress notes and Falls Incident Reports revealed the following:

The resident's documented plan of care included multiple falls prevention interventions. The DOC confirmed there was an identified problem with the resident not calling staff when they needed to use the washroom, and attempting to do so on their own.

The Post Falls Follow Up Assessment Form completed after a fall identified that incontinence was a contributing factor to the fall, and there may have been an "activity trend" (similarities to previous falls).

Review of the resident's health record did not include the "activity trend" and a toileting schedule, for staff to approach the resident at regular intervals throughout the day. Interview with the DOC on confirmed that there was a trend associated with the resident's falls and that a toileting routine may have been beneficial in reducing their falls.



The plan of care was not revised to include the trend identified in the health record.  
[s. 6. (10) (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 that every resident's plan of care is reviewed and revised when care needs change and when care set out in the plan is not effective, to be implemented voluntarily.***

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**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. 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) was complied with.

A) In accordance with Regulation, s. 68 (2), paragraph a, required the licensee to



ensure that policies and protocols were developed and implemented related to nutrition care and dietary services and hydration.

The home's policy, "Weight & Height Monitoring" (policy number 04-76, last reviewed December 1, 2015) directed staff to re-weigh a resident immediately if they experience a weight loss or gain of more than two kilograms (kg) noted from the previous weight.

Resident #004 was at a high nutritional risk due to their history of weight loss. The resident experienced a significant weight loss. A re-weigh was not documented in the "re-weigh" section of the weight form, and interview with registered staff #101 confirmed that a re-weigh should have been completed and this was not done as per the documentation. The home's Weight & Height Monitoring policy was not complied with.

B) In accordance with Regulation, s. 49 (1), required the licensee to ensure a fall prevention and management program was developed and implemented in the home, which must provide for strategies to reduce or mitigate falls.

The home's policy, "Fall Prevention and Management" (policy number 04-33, last reviewed in 2015) directed staff to assess a resident that had fallen each shift for 24 hours after the fall and to document the assessment and monitoring in a progress note for all three shifts after the fall.

Resident #021 was at a moderate risk of falling. After a fall, the resident experienced pain. The following day, a progress note revealed that the resident was continuing to complain of pain and their condition deteriorated, therefore the physician sent the resident to the hospital for assessment. The resident sustained a significant injury from the fall.

There were no progress notes from the evening or night shifts within 24 hours after the fall, documenting the assessment of the resident, including their pain and vital signs. The home's fall prevention policy was not complied with. [s. 8. (1) (b)]

***Additional Required Actions:***



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***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 that ensures 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, (b) is complied with, to be implemented voluntarily.***

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**WN #4: 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. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 49 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure the home's falls prevention and management program provided strategies to reduce or mitigate falls for resident #021.

Resident #021 was at a moderate risk of falling.

After the first fall, the resident was sent to the hospital and with a significant injury.

The resident's documented plan of care included reminding the resident to ask for assistance when they needed to use the washroom, and to encourage them to ring their call bell when they needed help to the washroom. The DOC confirmed there was an identified problem with the resident not calling staff when they needed to use the washroom, and attempting to do so on their own. The Re-Admission Assessment Form, identified that the resident tried to transfer or toilet themselves, and that they were prone to falls.

The Post Falls Follow Up Assessment Form completed after the fall identified identified that there was an "activity trend" (similarities to previous falls).

Review of the resident's health record did not include a toileting schedule, for staff to approach the resident at regular intervals throughout the day. Interview with the DOC confirmed that there was a trend associated with the resident's falls and that a toileting routine may have been beneficial in reducing their falls. [s. 49. (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 that ensures the falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids., to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes**

**Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:**

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

**Findings/Faits saillants :**



1. The licensee failed to ensure a weight change of 10 per cent of body weight, or more, over 6 months, was assessed using an interdisciplinary approach.

Resident #004 was at a high nutritional risk, had a history of weight loss, and required a therapeutic diet.

The home's policy, "Weight & Height Monitoring" (policy number 04-76, last reviewed December 1, 2015) directed PSWs to alert the unit's Team Leader when a significant weight loss was confirmed, who would then complete the RD referral form.

The resident had a significant weight loss. Interview with registered staff #101, seven days after the weight was taken, confirmed that an RD referral had not yet been completed, but was going to be done that day. A re-weigh was completed after consultation with the LTC Inspector, which confirmed the resident's significant weight loss. This was confirmed by registered staff #101.

The staff member, along with the unit's Neighbourhood Coordinator, confirmed that the resident should have already been assessed by the RD when the weight loss was identified.

***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 residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: 1. A change of 5 per cent of body weight, or more, over one month. 2. A change of 7.5 per cent of body weight, or more, over three months. 3. A change of 10 per cent of body weight, or more, over 6 months. 4. Any other weight change that compromises the resident's health status, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all food and fluids in the food production system were served using methods to preserve nutritive value.

Meal service was observed on January 6, 2017. The therapeutic menu included scoop sizes to be used for each pureed food item. The following was observed:

- i. Pureed egg soufflé was to be served using a #6 white scoop measuring 5 ounces (oz.); however, a green #12, 2.6 oz. scoop was used.
- ii. Pureed chicken salad sandwich was to be served using a #8 grey scoop measuring 4 oz.; however, a green #12, 2.6 oz. scoop was used.

By using the incorrect scoop sizes, residents received smaller portions than they required. The pureed entrées were not served to preserve the nutritive value of the food. [s. 72. (3) (a)]



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***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 that ensures that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.***



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**Issued on this 19 day of May 2017 (A1)**

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

**Original report signed by the inspector.**



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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

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

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JESSICA PALADINO (586) - (A1)

**Inspection No. /**

**No de l'inspection :** 2016\_541169\_0019 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** 034771-16 (A1)

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** May 19, 2017;(A1)

**Licensee /**

**Titulaire de permis :** Schlegel Villages Inc  
325 Max Becker Drive, Suite 201, KITCHENER, ON,  
N2E-4H5

**LTC Home /**

**Foyer de SLD :** THE VILLAGE OF ERIN MEADOWS  
2930 Erin Centre Boulevard, MISSISSAUGA, ON,  
L5M-7M4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Ash Agarwal



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the Long-Term  
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O. 2007, chap. 8

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To Schlegel Villages Inc, you are hereby required to comply with the following order(s)  
by the date(s) set out below:

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**Order # /  
Ordre no :** 001

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered  
a minimum of,

- (a) three meals daily;
- (b) a between-meal beverage in the morning and afternoon and a beverage in  
the evening after dinner; and
- (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

**Order / Ordre :**

That licensee shall ensure that:

1. Every resident is offered a snack in the afternoon and evening.
2. Every resident shall be offered the snack in addition to their therapeutic  
snacks, as prescribed by the Registered Dietitian.
3. All snack items on the menu must be available, including regular, minced  
and pureed textures.
4. An auditing process must be developed to ensure residents are receiving  
snacks including monitoring of snack carts.



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Pursuant to section 153 and/or  
section 154 of the Long-Term  
Care Homes Act, 2007, S.O.  
2007, c. 8

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

**Grounds / Motifs :**

1. The Order is made based upon the application of the factors of severity (2), scope (2) and compliance history (2), in keeping with s.299(1) of the Regulation, in respect of the potential harm that resident's experienced, the scope of a pattern, and the Licensee's history of non-compliance in a similar area (VPC) on January 20, 2016, Resident Quality Inspection.

The license failed to ensure that each resident was offered a snack in the afternoon and evening. Resident #016 was at high nutritional risk. They also had a history of significant weight loss.

During interview with resident #016's care staff on January 5, 2017, they indicated that resident was given their labelled snack at afternoon snack at evening snack each day, but never received any other snacks like the other residents did.

Interview with the RD on January 6, 2017, confirmed that resident #016 should be receiving their labelled snack items in addition to the snack items listed on the snack menu for each day.

Observation of the afternoon snack pass on the home area on January 6, 2017, confirmed that regular cookies were available for residents; however, there were no minced or pureed snacks for the residents receiving minced or pureed diets. There were multiple residents on the Derry home area that required minced diets and multiple that required pureed diets. The PSW confirmed that residents receiving minced and pureed diets only received drinks and any labelled items during the snack pass each day, but no cookies or other snacks. The staff member confirmed that residents on a home area who required minced or pureed diets were not provided with snacks. (586)

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

Feb 28, 2017



**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

**Ministère de la Santé et des  
Soins de longue durée**

**Ordre(s) de l'inspecteur**

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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 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  
Long-Term Care Inspections 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





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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections 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](http://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  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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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.

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  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 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](http://www.hsarb.on.ca).

**Issued on this 19 day of May 2017 (A1)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** JESSICA PALADINO - (A1)

**Service Area Office /  
Bureau régional de services :** Hamilton