



**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**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 18, 2015	2015_260521_0053	018964-15	Complaint

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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 WINSTON PARK  
695 BLOCK LINE ROAD KITCHENER ON N2E 3K1

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

REBECCA DEWITTE (521)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): November 16, 17, 2015.**

**This complaint inspection pertains to resident care and was completed concurrently with a complaint inspection log #026232-15.**

**During the course of the inspection, the inspector(s) spoke with the General Manager, the Director of Care, the RAI-Coordinator, the Food Services Manager and one resident.**

**The inspector also reviewed the resident clinical record, observed care in the resident care areas and completed observations specific to a particular resident.**

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

**Falls Prevention**

**Nutrition and Hydration**

**Pain**

**Personal Support Services**

**Skin and Wound Care**

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

Legend

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

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.

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**WN #1: 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 policy put in place was complied with.

A complaint received by the Ministry of Health and Long Term Care from a family revealed a resident had been left unattended in a required supervised area.

A record review of progress notes revealed the resident had been left unattended in a required supervised area and was found on the floor.

A review of the home's Policy identified residents should be supervised while in that area of the home.

An interview with the Director of Care confirmed the resident had been left unattended in the required supervised area and also confirmed it was the home's expectation that the staff did not leave residents unattended in the required supervised area. [s. 8. (1) (a),s. 8. (1) (b)]



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**Issued on this 19th day of November, 2015**

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

**Original report signed by the inspector.**