

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

Original Public Report

Report Issue Date: June 20, 2024	
Inspection Number: 2024-1274-0001	
Inspection Type: Proactive Compliance Inspection (PCI)	
Licensee: Schlegel Villages Inc.	
Long Term Care Home and City: The Village of Winston Park, Kitchener	
Lead Inspector Katherine Adamski (#753)	Inspector Digital Signature
Additional Inspector(s) Kaitlyn Puklicz (#000685) Emma Perin (#000896) and Sebastian Henao Arango were also present for this inspection	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 14-17, 21-24, 27, 2024
The following intake(s) were inspected: <ul style="list-style-type: none"> Intake: #00115642 - Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services

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Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure that an explanation of the protections afforded under section 30, Whistle Blowing Protection, was posted in the home.

The home's Whistle Blowing Protection policy, which included an explanation of the

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protections afforded under section 30, was immediately posted once it was brought to the attention of the home's management.

Sources: Observation on May 14, 2024, interview with the Administrator. [#000685]

Date Remedy Implemented: May 14, 2024.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and that those doors were kept closed and locked when they were not being supervised by staff.

In response to the inspector identifying that the door to the nursing station was open and unlocked, a staff member responded by ensuring it was closed and locked.

Sources: Observation on May 14, 2024, interview with Personal Support Worker (PSW) #105. [#000685]

Date Remedy Implemented: May 14, 2024.

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WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the care set out in a resident's nutrition plan of care was provided to the resident as specified in their plan.

Rationale and Summary

A resident's nutrition and hydration plan of care included specific requirements related to ensuring their safety during dining, and their preferences.

On two occasions, the resident did not receive their meal as per the requirements specified in their plan of care, which placed the resident at risk.

Sources: Meal observation, resident's kardex, interview with Registered Dietitian #118 and #109 and other staff. [#753]

WRITTEN NOTIFICATION: Menu Planning

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (2) (c) (ii)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle, (c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,
(ii) the residents' preferences, and

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The licensee failed to ensure that the menu cycle was approved for nutritional adequacy by the home's Registered Dietitian (RD) taking into consideration the residents' preferences.

Rationale and Summary

The home's menu cycle was reviewed and trialed with residents, which resulted in revisions being made to it. The home's RD did not evaluate the menu cycle for nutritional adequacy after these revisions were made.

Sources: Schlegel Villages RD Menu Approval and Review for Long Term Care
Revera Menu Review and Approval Tool (Fall/Winter 2023/2024 Menu), interviews with RD #109. [#753]

**WRITTEN NOTIFICATION: Infection Prevention and Control
Program**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented. In accordance with the IPAC Standard, revised September 2023, section 9.1, additional precautions must include both evidence-based practices related to potential droplet transmission, as well as appropriate selection and application of personal protective equipment (PPE).

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Specifically, the licensee has failed to ensure that PSW #111 was aware of the appropriate application of PPE for residents requiring droplet precautions.

Rationale and Summary

PSW #111 stated that when they care for residents in droplet precautions, they apply an N95 mask on top of their surgical mask.

The IPAC Lead confirmed that staff were not advised to wear any masks underneath their N95.

When PSW #111 did not appropriately apply their N95 mask for droplet precautions, it placed residents and themselves at risk of infection transmission.

Sources: IPAC Standard, revised September 2023, interview with PSW #111 and the IPAC lead. [#000685]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

ii. the results of the survey taken during the fiscal year under section 43 of the Act,

The licensee failed to ensure that the 2023-2024 Continuous Quality Improvement (CQI) Initiative Report included a written record of the results of the survey taken during the fiscal year under section 43 of the Act.

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Rationale and Summary

The CQI Lead acknowledged that the results of the home's Resident and Family Satisfaction Surveys taken during the fiscal year under section 43 of the Act were not included in the CQI Initiative report.

Sources: The home's 2023-2024 CQI Initiative Report, interview with the CQI Lead. [#753]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the 2023-2024 CQI Initiative Report included a written record of how and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to Residents' Council and members of the staff of the home.

Rationale and Summary

The CQI Lead acknowledged that the 2023-2024 CQI Initiative Report did not

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include how and the dates when Residents' Council and members of the staff of the home were made aware of the results of the survey.

Sources: The home's 2023-2024 CQI Initiative Report, interview with the CQI Lead. [#753]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.

Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The licensee failed to ensure that the 2023-2024 CQI Initiative Report included a written record of the dates actions taken in response to satisfaction surveys to improve the long-term care home were implemented.

Rationale and Summary

The CQI Lead acknowledged that the 2023-2024 CQI Initiative Report did not include a written record of the dates actions were taken in response to the results of the satisfaction surveys taken during the fiscal year under clause 43 (5) (b) of the Act.

Sources: The home's 2023-2024 CQI Initiative Report, interview with the CQI Lead. [#753]

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**WRITTEN NOTIFICATION: Continuous Quality Improvement
Initiative Report**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. ii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

The licensee failed to ensure that the 2023-2024 CQI Initiative Report included a written record of the dates any other actions were taken to improve the long-term care home were implemented.

Rationale and Summary

The CQI Lead acknowledged that the 2023-2024 CQI Initiative Report did not include a written record of the dates any other actions taken to improve the long-term care home were implemented.

Sources: The home's 2023-2024 CQI Initiative Report, interview with the CQI Lead. [#753]

**WRITTEN NOTIFICATION: Continuous Quality Improvement
Initiative Report**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. v.

Continuous quality improvement initiative report

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s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the 2023-2024 CQI Initiative Report included a written record how and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

Rationale and Summary

The 2023-2024 CQI Initiative Report did not include a written record of how and the dates when the actions taken in response to satisfaction surveys and any other actions to improve the home were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

Sources: The home's 2023-2024 CQI Initiative Report, interview with the CQI Lead. [#753]