



**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  
performance et de la conformité**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## **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>
Mar 12, 2015	2015_416515_0003	003466-15	Complaint

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### **Licensee/Titulaire de permis**

THE HOMEWOOD CORPORATION  
150 DELHI STREET GUELPH ON N1E 6K9

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### **Long-Term Care Home/Foyer de soins de longue durée**

THE VILLAGE OF GLENDALE CROSSING  
3030 Singleton Avenue LONDON ON N6L 0B6

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

RAE MARTIN (515), MARIAN MACDONALD (137)

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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): March 9, 2015**

**Complaint Inspection is related to CI 2979-000009-15**

**During the course of the inspection, the inspector(s) spoke with the General Manager, Director of Nursing, 2 Registered staff, 3 Personal Support Workers and a Physiotherapist.**

**The inspectors also toured 2 Neighbourhoods, a resident bedroom and common areas, reviewed an identified resident's clinical record, the Home's investigation notes, identified audits, relevant policies and procedures, education records and meeting minutes pertaining to the inspection.**

**The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Safe and Secure Home**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

A recent exterior door audit of five home areas completed by the Director of Nursing identified:



- a) Three (3) doors unlocked, and
- b) Six (6) doors not alarmed

A review of the safety check records revealed there was no documented evidence that the exterior doors in the identified home area were checked to ensure they were locked in the previous 48 hours prior to an incident.

An interview with two Registered staff confirmed they check exterior doors at the beginning of their shift to ensure they are closed and locked, but do not complete written documentation.

The Director of Nursing confirmed there is no sign off process currently in place for staff to document that exterior doors are checked and alarms are functioning and the identified home area courtyard exterior door was unlocked, unarmed and accessible to residents.

A review of a Safe and Secure Home audit for two identified home areas, completed by the Assistant Director of Nursing revealed a compliance of 14/20 (70%) with related deficiencies in the following areas:

- a) all doors leading to non- residential areas equipped with locks and kept closed unless supervised.
- b) found door end of south hallway unlocked, found door to courtyard north tower unlocked.

A review of the home's policy entitled Safe Outdoor Living, dated October 2014, noted:  
- Doors to secured garden areas on Neighbourhoods will be locked and alarmed when it is unsafe and not in the best interest of the resident to go outside. Extreme weather, night time.

A review of the home's policy entitled Building Safety and Security, dated January 25, 2015, noted:  
- The nursing team will monitor the function of the security system daily (Mag locks and door alarms)

Management confirmed the policies were not followed and the exterior doors were left unlocked enabling resident access. [s. 5.]



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***Additional Required Actions:***

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

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**Issued on this 13th day of March, 2015**

**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**

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

**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**

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

**Nom de l'inspecteur (No) :** RAE MARTIN (515), MARIAN MACDONALD (137)

**Inspection No. /**

**No de l'inspection :** 2015\_416515\_0003

**Log No. /**

**Registre no:** 003466-15

**Type of Inspection /**

**Genre**

Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Mar 12, 2015

**Licensee /**

**Titulaire de permis :** THE HOMEWOOD CORPORATION  
150 DELHI STREET, GUELPH, ON, N1E-6K9

**LTC Home /**

**Foyer de SLD :** THE VILLAGE OF GLENDALE CROSSING  
3030 Singleton Avenue, LONDON, ON, N6L-0B6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** MICHELLE VERMEEREN

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To THE HOMEWOOD CORPORATION, you are hereby required to comply with the following order(s) by the date(s) set out below:

**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*

**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*

**Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

**Order / Ordre :**

The licensee must take immediate action to achieve compliance to ensure the home is safe and secure by:

- Ensuring all exterior doors are locked and alarmed when staff members are not in attendance.
- Ensuring exterior security door monitoring is completed and documented for all exterior doors. Documentation must include doors are locked and alarms activated. Any deficiencies are to be immediately reported to Management.
- Ensuring ALL staff receive education related to Extreme Hot and Cold Weather Conditions and Safe Outdoor Living . Identify who will provide the education, when it will be completed and how compliance will be monitored.
- Ensuring policies and procedures are implemented and complied with as per the legislative requirements.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

A recent exterior door audit of five home areas completed by the Director of Nursing identified:

- a) Three (3) doors unlocked, and
- b) Six (6) doors not alarmed

A review of the safety check records revealed there was no documented evidence that the exterior doors in the identified home area were checked to ensure they were locked in the previous 48 hours prior to an incident.



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de soins de longue durée, L.O. 2007, chap. 8*

An interview with two Registered staff confirmed they check exterior doors at the beginning of their shift to ensure they are closed and locked, but do not complete written documentation.

The Director of Nursing confirmed there is no sign off process currently in place for staff to document that exterior doors are checked and alarms are functioning and the identified home area courtyard exterior door was unlocked, unarmed and accessible to residents.

A review of a Safe and Secure Home audit for two identified home areas, completed by the Assistant Director of Nursing revealed a compliance of 14/20 (70%) with related deficiencies in the following areas:

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A review of the home's policy entitled Safe Outdoor Living, dated October 2014, noted:

- Doors to secured garden areas on Neighbourhoods will be locked and alarmed when it is unsafe and not in the best interest of the resident to go outside. Extreme weather, night time.

A review of the home's policy entitled Building Safety and Security, dated January 25, 2015, noted:

- The nursing team will monitor the function of the security system daily (Mag locks and door alarms)

Management confirmed the policies were not followed and the exterior doors were left unlocked enabling resident access. [s. 5.] (515)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Apr 02, 2015**





**Ministry of Health and  
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section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

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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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**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



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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](http://www.hsarb.on.ca).



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## **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, 11<sup>e</sup> 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.



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de l'article 154 de la *Loi de 2007 sur les foyers  
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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](http://www.hsarb.on.ca).

**Issued on this 12th day of March, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Rae Martin

**Service Area Office /**

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