

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 10, 2021	2021_722630_0011	000189-21	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 Glendale Crossing  
3030 Singleton Avenue London ON N6L 0B6

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

AMIE GIBBS-WARD (630), CHRISTINA LEGOUFFE (730)

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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 2 to 5, 2021.**

**Complaint Log #000189021 was completed within this inspection related to nutritional care, continence care, bathing care, personal support services, availability of linen supplies and resident decision making in care.**

**During the course of the inspection, the inspector(s) spoke with the General Manager, the Acting Director of Care (DOC), the Assistant Director of Care (ADOC), a Registered Nurse (RN), the Registered Dietitian (RD), the Exercise Therapist (ET), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and residents.**

**The inspectors also observed resident rooms and common areas, observed meal service, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents and reviewed relevant policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Nutrition and Hydration  
Personal Support Services**

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

**4 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that three residents, who were bladder incontinent, had individualized plans of care to promote and manage bladder continence based on interdisciplinary assessments and that their plans were implemented.

Each of the three residents had a plan of care which was not individualized to their assessed needs related to bladder incontinence. In addition, each of the residents had aspects of their plans of care which were not consistently implemented by all staff. This placed the residents at risk for not receiving the care they required to promote and manage their bladder incontinence.

Sources: Interviews with residents; interview with a resident's Power of Attorney (POA); observations March 4 and 5, 2021; the residents' clinical records including physician assessments notes; interviews with staff including Registered Practical Nurse (RPN). [s. 51. (2) (b)]

***Additional Required Actions:***

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

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**WN #2: 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 policies or procedures included in the Continence Care and Bowel Management program were complied with for three residents.

O. Reg. 79/10 s. 48(1) requires a continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

O. Reg. 79/10, s. 51 (1) 1. and O. Reg. 79/10, s. 51 (1) 4. requires that the program includes treatment and interventions to promote continence and strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.

Specifically, staff did not comply with the home's "Catheter Care" policy and procedures as it required staff to complete charting related to catheters being inserted based on a physician's order specifying the size; documentation of the reason for procedures related to catheterization; and documentation in the Treatment Administration Record (TAR) including the date of catheter changes and bag changes.

Three of the three residents reviewed did not have consistent documentation regarding catheter changes and catheter bag changes. This placed the residents at risk for not receiving the catheter care they required in the home.

One of the three residents reviewed did not have a physician's order which specified a size for the catheter and a catheter had been inserted by staff.

Sources: interview with a resident's Power of Attorney (POA); the home's policy titled "Catheter Care" last revised January 21, 2020; residents' clinical record including progress notes; interviews with staff including the Assistant Director of Care (ADOC). [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 policies or procedures included in the Continence Care and Bowel Management program are complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident was bathed twice a week by the method of their choice.

The resident had told the staff when admitted to the home that their preferred method of bathing was a shower. No baths, showers, or bed baths were documented for this resident for the first eight days after their admission. For the following seven days the resident received bed baths. The Assistant Director of Care (ADOC) said that there was some confusion by staff in the home that residents who were being isolated for 14 days following their admission, were not able to leave their rooms to have a bath or a shower and that during their isolation, which was not the practice of the home. The ADOC said after admission this resident had only received bed baths, which was not their preference.

There was increased risk to the resident due to not being bathed twice a week by the method of their choice.

Sources: Documentation Survey Report for the resident, Move-In Assessment, and interviews with the ADOC and other staff. [s. 33. (1)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that bathing equipment was readily available to meet the personal care requirements for a resident.

During an interview a resident stated that they had not received a bath or a shower in approximately one year and had only received bed baths, which was not their preference.

It was identified during an assessment by the home's Exercise Therapist (ET) that this resident required specialized equipment for their bathing care. The ET had requested that the home purchase that specific equipment required by the resident on several occasions. The General Manager (GM) stated that the resident had brought forward concerns related to their bathing care needs to the home, but that the home did not yet have suitable equipment for them to have a bath or shower. The GM said they were unsure of what had caused the delay in acquiring the equipment for the resident.

There was increased risk to the resident as the home did not have the equipment required for the resident's bathing care.

Sources: Resident's progress notes and Documentation Survey Report, email communications, and interviews with the resident, ET and other staff. [s. 44.]

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**Issued on this 15th day of March, 2021**

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

**Original report signed by the inspector.**



**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

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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

**Nom de l'inspecteur (No) :** AMIE GIBBS-WARD (630), CHRISTINA LEGOUFFE  
(730)

**Inspection No. /**

**No de l'inspection :** 2021\_722630\_0011

**Log No. /**

**No de registre :** 000189-21

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Mar 10, 2021

**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 Glendale Crossing  
3030 Singleton Avenue, London, ON, N6L-0B6

**Name of Administrator /**

**Nom de l'administratrice  
ou de l'administrateur :** Cindy Awde

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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

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

**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

**Order # /**

**No d'ordre :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
- (h) residents are provided with a range of continence care products that,
  - (i) are based on their individual assessed needs,
  - (ii) properly fit the residents,
  - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
  - (iv) promote continued independence wherever possible, and
  - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

**Order / Ordre :**

**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

The licensee must be compliant with subsection 51 (2) of O. Reg. 79/10.

Specifically, the licensee shall ensure that three specific residents, and all residents in the home with indwelling catheters, have their plan of care reviewed and revised to ensure it is individualized and based on interdisciplinary continence assessments.

The licensee shall also ensure that the bladder continence related plan of care for three specific residents, and all residents in the home with indwelling catheters, are fully implemented.

**Grounds / Motifs :**

**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

1. 1. The licensee has failed to ensure that three residents, who were bladder incontinent, had individualized plans of care to promote and manage bladder continence based on interdisciplinary assessments and that their plans were implemented.

Each of the three residents had a plan of care which was not individualized to their assessed needs related to bladder incontinence. In addition, each of the residents had aspects of their plans of care which were not consistently implemented by all staff. This placed the residents at risk for not receiving the care they required to promote and manage their bladder incontinence.

Sources: Interviews with residents; interview with a resident's Power of Attorney (POA); observations March 4 and 5, 2021; the residents' clinical records including physician assessments notes; interviews with staff including Registered Practical Nurse (RPN). [s. 51. (2) (b)]

An order was made by taking the following factors into account:

Severity: There was risk of harm because the residents were more likely to not receive the indwelling catheter care they required due to their care plans not being individualized and fully implemented.

Scope: Out of the three residents reviewed, all three residents did not have an individualized bladder continence plan of care in place and implemented, demonstrating widespread of non-compliance.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with subsection 51 (2) of O. Reg. 79/10 with one Voluntary Plan of Correction (VPC) issued to the home. (630)

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

Apr 16, 2021

**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

**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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

**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

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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).

**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
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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

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



**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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 10th day of March, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Amie Gibbs-Ward

**Service Area Office /**

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