



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 sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 3, 2013	2013_183135_0027	L-000333-13	Critical Incident System

Licensee/Titulaire de permis

THE HOMEWOOD CORPORATION
150 DELHI STREET, GUELPH, ON, N1E-6K9

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

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

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): July 2, 2013.

During the course of the inspection, the inspector(s) spoke with General Manager, Director of Care, Director of Recreation and Recreation Aide.

During the course of the inspection, the inspector(s) reviewed the critical incident, related internal investigation, policies and procedures and staff training.

The following Inspection Protocols were used during this inspection:



Critical Incident Response
Recreation and Social Activities
Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes WN (Avis écrit), VPC (Plan de redressement volontaire), DR (Aiguillage au directeur), CO (Ordre de conformité), WAO (Ordres : travaux et activités). The table also contains two rows of text describing non-compliance with requirements under the LTCHA and the corresponding written notification under paragraph 1 of section 152 of the LTCHA.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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Loi de 2007 sur les foyers de
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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. Review of home's Recreation Special Events/Resident Outings Policy #06-07, October 2011, revealed the policy was not complied with when resident sustained an injury.

The Recreation Special Events/Resident Outings Policy #06-07, October, 2011 states: It is the policy of Schelegel Villages to provide safe transportation for residents to recreation outings.

During an interview the Recreation Aide, who accompanied the residents on an outing confirmed resident sustained an injury.

Director of Recreation confirmed her expectation that the home provide safe transportation for residents, to recreation outings. [s. 8. (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 ensuring the home's policy is followed related to the safe transportation of residents when being transported to recreation events, to be implemented voluntarily.



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Loi de 2007 sur les foyers de
soins de longue durée

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 218. Orientation
For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following
are additional areas in which training shall be provided:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.

Findings/Faits saillants :

1. Record review revealed the home failed to ensure that recreation staff received training that was relevant to the staff member's responsibilities before performing their responsibilities.

During an interview, the Recreation Aide revealed she had not received complete safety training, prior to taking residents on an outing. During that outing a resident sustained an injury.

Director of Recreation confirmed her expectation that the home provide complete safety training for recreation staff that is relevant to the staff member's responsibilities before performing their responsibilities. [s. 218. 2.]

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 ensuring recreation staff receive full safety training for recreational outings before staff member's perform their responsibilities, to be implemented voluntarily.



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Issued on this 3rd day of July, 2013

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

Bonnie Mac Donald