



**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
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**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
Aug 6, 2013	2013_229213_0022	L-000584-13	Critical Incident
		L-000531-13	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

RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 1, 2013

This inspection also contains findings from critical incident #2979-000034-13, L-000469-13, inspection #2013_183135_0036 conducted by Inspector Bonnie MacDonald (135)

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Director of Care, 3 Registered Practical Nurses, 2 Personal Support Workers, the Environmental Supervisor, a Kinesiology student, the Volunteer Coordinator/Recreation staff member and a Resident

During the course of the inspection, the inspector(s) made observations, reviewed health care records, policies and other relevant documentation

The following Inspection Protocols were used during this inspection: Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 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 :



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1. The licensee failed to ensure that the home's Fall Prevention and Management policy instituted or otherwise put in place is complied with:
The Fall Prevention and Management policy dated February 2013 states: "1. Each Resident will be assessed on admission, quarterly, and with any change in condition by the Registered Team Member, for potential risk for falls in order to take a preventative approach. The Falls Risk Assessment is attached to this policy".

3 Residents reviewed did not have Falls Risk Assessments completed on admission or since admission [s. 8. (1)]

2. The Assistant Director of Care confirmed that these 3 residents did not have Falls Risk Assessments completed and should have as per the home's Fall Management and Prevention policy. [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 to ensure that the home's Fall Prevention and Management policy is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure the care set out in the plan of care is provided to the resident as specified in the plan:
A resident's care plan outlined a specific safety concern and safety interventions to follow.

The Administrator confirmed that the staff and volunteers supervising an activity program were aware of this resident's care plan and the specific safety intervention, however did not implement this intervention. [s. 6. (7)]



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Issued on this 6th day of August, 2013

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

Rhonda Kukoly