



**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**

**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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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 5, 2015	2015_257518_0031	011018-15	Complaint

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

R-B-J SCHLEGEL HOLDINGS INC.  
325 Max Becker Drive Ste. 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF ASPEN LAKE  
9855 McHugh Street WINDSOR ON N8P 0A6

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

ALISON FALKINGHAM (518)

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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): June 2, 2015**

**During this inspection a complaint IL-38758-15 relating to care of a resident and a critical incident 3037-000026-15 related to a fall.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, a Registered Nurse, two Personal Support Workers, a Physiotherapist and a resident's Power of Attorney.**

**The Inspector also reviewed a resident's clinical record, the home's policies regarding falls and transfer to hospital and observed general and specific resident care.**

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

**Dignity, Choice and Privacy**

**Falls Prevention**

**Minimizing of Restraining**

**Personal Support Services**

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

**1 WN(s)**

**1 VPC(s)**

**0 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>Legendé</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. 110. Requirements relating to restraining by a physical device**

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

**s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:**

**2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that the physical device was applied in accordance with instructions specified by the physician.

Review of a resident's clinical record revealed that a restraint was required for safety.

The physician's orders and the plan of care indicated that the restraint was to be applied when the resident was up in the wheelchair.

Review of the home's internal investigation documents and a critical incident report revealed that staff members had failed to apply the restraint and the resident fell.

This was confirmed by the Administrator, the Neighbourhood Coordinator and two Personal Support Workers.

The homes policy Restraint and PASD Procedures 04-52 reviewed January 2015 indicated that application of a device will occur according to the Plan of Care strategies and in accordance to instructions specified by the physician.

The Administrator confirmed the home's expectation that all restraints should be applied according to the instructions specified by the physician and the plan of care. [s. 110. (2) 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 to ensure that staff apply physical devices in accordance with any instructions specified by the physician or registered nurse in the extended class, to be implemented voluntarily.***



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**Issued on this 5th day of June, 2015**

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

**Original report signed by the inspector.**