



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

**Rapport d'inspection
révélant le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection May 3, and 4, 2011	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection L-000495-11 Complaint L-000627-11 Complaint
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Licensee/Titulaire
R-B-J Schlegel Holdings Inc. 325 Max Becker Drive, Suite 201 Kitchener ON N2E 4H5

Long-Term Care Home/Foyer de soins de longue durée
The Village of Aspen Lake, 9855 McHugh Street, Windsor, ON., N8P 0A6

Name of Inspector/Nom de l'inspecteur
Carolee Milliner (#144)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to care & services.

During the course of the inspection, the inspector spoke with one resident, the Administrator, Assistant Director of Care, Corporate Nurse Consultant, the Food Service Manager, one RN, one RPN and 3 PSW's.

During the course of the inspection, the inspector reviewed one resident clinical record, the home Leave of Absence policy, Documentation Protocol and related Resident Family Concern / Response Forms.

The following Inspection Protocols were used in part or in whole during this inspection:
Personal Support Services.

Findings of Non-Compliance were found during this inspection. The following action was taken:
5 WN
1 VPC

Revised for Publication

Findings:

1. The clinical record for one resident includes medical directives for administration of non-narcotic analgesic medication every four hours prn for pain; resident experienced pain during dressing changes on two occasions; prn pain medication was not offered for pain management.

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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 related to ensuring the care set out in the plan of care is provided to the resident, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg.79/10,s.231(b)
Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

Findings:

Review of the clinical record for one resident from the date of admission to May 2/11 revealed the following multiple documentation omissions:

1. registered staff signatures and or initials confirming medications & treatments were administered as ordered by the physician
2. personal service worker signatures and or initials confirming baths and or showers were provided twice a week as identified on the residents admission bath consent & written plan of care
3. personal service worker signatures and or initials confirming resident incontinent products were checked and or changed twice on each shift as identified in the written plan of care

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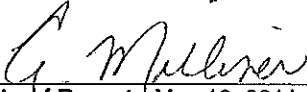
WN #5: The Licensee has failed to comply with O.Reg.79/10,s.8(1)(b)
Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, and
b) is complied with.

Findings:

1. The home Leave of Absence policy requiring resident's to be signed out by the responsible party when going on leave from the home was not followed with one resident who went with family on leave of absence on three occasions in [REDACTED].

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<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> 
<p>Title: _____ Date: _____</p>	<p>Date of Report: May 10, 2011</p>