



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

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 6, 2018	2018_533115_0025	024597-18, 027163-18	Complaint

Licensee/Titulaire de permis

Schlegel Villages 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(s)/Nom de l'inspecteur ou des inspecteurs

TERRI DALY (115), CASSANDRA TAYLOR (725)

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): November 26, 27, 28, 29, 30, December 3 and 4, 2018

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), the Director of Nursing Care (DNC), the Assistant Director of Nursing Care (ADNC), the Resident Assessment Instrument (RAI) Coordinator, the Staffing Clerk, the Exercise Therapist, one Registered Nurse (RN), three Registered Practical Nurses (RPN), two Personal Support Workers (PSW), one Laundry Aide, one Recreation Aide, family members and residents.

The inspectors also observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed relevant policies and procedures of the home, the home's staffing plan, and investigative notes.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Nutrition and Hydration

Personal Support Services

Skin and Wound Care

Sufficient Staffing

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

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on an assessment of resident #002's needs and preferences.

The MOHLTC received a complaint regarding the care and services provided to a specific resident.

During observations the inspector observed resident #002 demonstrate a specific behaviour/expression several times throughout the day.

An interview with Personal Support Worker #102, they indicated that resident #002 demonstrated this specific expression several times throughout the day. The inspector asked if this would be identified in the resident's plan of care and the PSW responded "it should be".

A review of resident #002's clinical record, the plan of care did not indicate that resident #002 demonstrated this specific behaviour/expression.

An interview with the Director of Nursing Care (DNC) #108 they indicated that they were aware resident #002 demonstrated this expression several times throughout the day, and said that this should be part of the resident's plan of care. [s. 6. (2)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care for resident #002 was based on an interdisciplinary assessment of the resident's sleep patterns and preferences.

The MOHLTC received a complaint regarding the care and services provided to resident #002.

During an interview with Personal Support Worker (PSW) #101 they indicated that resident #002 had a specific sleep preference. When the inspector asked how often this happened PSW #101 said that it happened so often that if the resident had done something different staff would document, as that was not the resident's usual routine. The inspector also asked if this would be something that would be found in the resident's plan of care and they stated "it should be".

A clinical record review of resident #002's plan of care showed that the information provided about the resident's sleep pattern and preferences did not include the resident's usual sleep routine.

An interview with the Director of Nursing Care (DNC) #108 they indicated that sleep patterns related to the resident's preference should be included in the resident's plan of care. [s. 26. (3) 21.]

Issued on this 6th day of December, 2018

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

Original report signed by the inspector.