

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report	
Report Issue Date: May 16, 2023	
Inspection Number: 2023-1465-0004	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: Schlegel Villages Inc.	
Long Term Care Home and City: The Village of Aspen Lake, Windsor	
Lead Inspector Kristen Murray (731)	Inspector Digital Signature
Additional Inspector(s) Cheryl McFadden (745)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): May 1, 2, 3, 4, 5, 8, 9, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00014291 - Complaint related to allegations of neglect • Intake: #00016013 - Follow-up #: 1 - O.Reg. 246/22 - s. 56 (2) (b) • Intake: #00016014 - Follow-up #: 1 - O.Reg. 246/22 - s. 140 (2) • Intake: #00016445 - Complaint related to falls management, nutrition and hydration, and resident care/support services • Intake: #00021074 - 3037-000001-23: Related to medication incident • Intake: #00021822 - 3037-000002-23: Related to falls management • Intake: #00084953 - 3037-000007-23: Related to falls management • Intake: #00085652 - 3037-000009-23: Related to falls management

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1465-0003 related to O. Reg. 246/22, s. 56 (2) (b) inspected by Kristen Murray (731)

Order #002 from Inspection #2022-1465-0003 related to O. Reg. 246/22, s. 140 (2) inspected by Cheryl McFadden (745)

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

- Resident Care and Support Services
- Contenance Care
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Nutrition Care and Hydration Programs (Hydration Program)

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 79/10, s. 68 (2) (a)

The licensee failed to comply with the policies and procedures related to the hydration program for a resident.

In accordance with O. Reg. 79/10 s. 8. (1) (b), the licensee was required to ensure that there were policies and procedures relating to nutrition care and hydration and that they were implemented.

Specifically, staff did not comply with the policy “Nutrition and Hydration”, which was included in the licensee’s Nutrition and Hydration Program.

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Rationale and Summary

A resident had fluid intake below their daily fluid requirement each day for 23 consecutive days. Twenty out of twenty-three days, the resident's fluid intake was less than 1000ml per day. There were no dehydration related assessments completed for the resident. There was no progress note identifying if the resident had any signs or symptoms of dehydration, or any interventions in place.

The home's Nutrition and Hydration policy stated that any resident who had a fluid intake less than their fluid requirement would be reported to the on-coming registered staff so that interventions could be initiated, and they would be assessed for signs and symptoms of dehydration. The home's policy identified that if a resident's fluid intake was less than 1000ml for three consecutive days, they would be referred to the Registered Dietitian (RD) unless they had no signs or symptoms of dehydration. The policy stated that a progress note would be documented as a record and to indicate if there was no requirement for a RD referral at that time.

The General Manager (GM) stated that the resident should have had a dehydration assessment completed.

There was risk to the resident related to not being assessed for dehydration when they had not met their fluid needs for 23 consecutive days.

Sources: MLTC Complaint; The home's "Nutrition & Hydration" policy; clinical records for a resident; and an interview with the GM.

[731]

WRITTEN NOTIFICATION: Nutrition Care and Hydration Programs (Monthly Weight)**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 79/10, s. 68 (2) (e) (i)

The licensee failed to ensure a resident's weight was measured and recorded monthly, as part of the Nutrition and Hydration Program.

Rationale and Summary

A resident's monthly weight was not documented and they exhibited significant weight loss over a two month period. The Registered Dietitian (RD) stated that the resident did not have a monthly weight completed and should have. The home's Weight and Height Monitoring policy stated that weights were

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to be taken at minimum, monthly for all residents by the seventh day of each month.

There was risk to the resident related to not having their monthly weight measured as they had significant weight loss.

Sources: The home's "Weight & Height Monitoring" policy; clinical records for a resident; and an interview with an RD.

[731]

WRITTEN NOTIFICATION: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee failed to ensure that the provision of care set out in a resident's plan of care was documented.

Rationale and Summary

A resident received bowel protocol medication and the electronic medication administration record (eMAR) did not have any documentation under an as needed order for bowel protocol. In an interview with a Registered Practical Nurse (RPN), they stated they administered the bowel protocol order to the resident, however, they did not document the administration.

The Director of Quality and Innovation stated that there should have been signed documentation for the bowel protocol administered to the resident.

There was risk to the resident related to the medication administration not documented in their eMAR.

Sources: Clinical records for a resident; and interviews with an RPN and the Director of Quality and Innovation.

[731]

WRITTEN NOTIFICATION: Medication Management System

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

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O. Reg 123 (2) states: The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

In accordance with O. Reg. 246/22 s. 11 (1) (b) the licensee was required to ensure that the medication administration policy was complied with.

The licensee has failed to ensure the Administration of Medications policy was complied with and medication administration documented as soon as possible after being administered.

Rationale and Summary

The Medication Administration Record (MAR) for a resident showed medications had not been documented after administration, as per the policy on eight specific occasions.

The Assistant Director of Care (ADOC) stated medications should be signed for when given, as best practice. They confirmed on eight specific occasions, medications for a resident were not documented as expected.

Three Registered Practical Nurses (RPN) stated they were aware of the home's policy for medication administration related to documentation of administration.

The Director of Quality and Innovation stated all registered staff were educated on medication policies and procedures and/or standard practice requirements.

The home's Medication Administration policy stated, "Follow the College of Nurse's Practice standards for administering medication".

The College of Nurses of Ontario (CNO) Medication/Documentation Standard states: "documenting, during and/or after medication administration, in the clients record according to documentation standards".

Sources: policy "Administration of Medications #05-03" a resident's clinical records, staff interviews, CNO Medication/Documentation Standard. [745]