Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 3, 2021	2021_563670_0017	003079-21, 007179-21, 008359-21, 008394-21, 011014-21	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 at St. Clair
1800 Talbot Road Windsor ON N9H 0E3

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

DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): July 14, 15, 19, 20, 21, 22, 23, 26, 27, 28 and 29, 2021.

The purpose of this inspection was to inspect the following;
Log# 011014-21 IL-91951-LO Complaint related to improper care and privacy concerns.
Log# 007179-21 IL-90009-LO Complaint related to improper care, staffing and falls prevention.
Log# 008394-21 IL-90576-LO Complaint related to skin and wound care and pain control.
Log# 008359-21 eCorrespondence Complaint related to staffing.
Log# 003079-21 Follow up inspection related to bathing.
This inspection was completed concurrently with Critical Incident System report inspection #2021_563670_0018.

During the course of the inspection, the inspector(s) spoke with the General Manager, the Director of Care, one Registered Nurse Assistant Director of Care Infection and Prevention of Control Lead, one Registered Practical Nurse Assistant Director of Care Falls Lead, one Registered Practical Nurse Resident Assessment Instrument Coordinator Skin and Wound Care Lead, one Registered Practical Nurse Assistant Director of Care, one Scheduler, one Environmental Services Director, one Registered Practical Nurse Resident Assessment Instrument Coordinator, two Neighborhood Coordinators, one Recreation Aide, nine Personal Support Workers, two Housekeepers, five Registered Practical Nurses, residents and families.

During the course of this inspection the Inspector observed the overall cleanliness and maintenance of the home, observed infection prevention and control practices, observed internal documentation related to the temperature in the home, observed staff to resident interactions, observed the provision of care, reviewed relevant clinical records, reviewed relevant policies and procedures and reviewed relevant internal documentation.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy
Falls Prevention
Infection Prevention and Control
Medication
Pain
Personal Support Services
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 33. (1)	CO #001	2020_563670_0036	670

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Fall Prevention and Management Policy Tab 04-29, stated “If the resident hits their head or there were no witnesses to the fall, the Head Injury Routine is followed (see Head Injury Routine Policy, Tab 04-37).”

Head Injury Routine (HIR) Policy Tab 04-37, stated “Villages using Point Click Care (PCC) will use the Head Injury Routine form located within the nursing software, following the time frames indicated on the electronic form.”

PCC HIR Schedule showed that the HIR assessments should be completed every thirty minutes for four assessments then every hour for three assessments, then every two hours for three assessments, then every four hours for one assessment for a total of 11 assessments.

A) Review of resident #003’s clinical record showed that the resident had an unwitnessed fall at 1604 hours on May 20, 2021.

Review of resident #003's HIR documentation showed that HIR assessments were due to be completed on May 20, 2021 at 1734 hours, 1834 hours, 1934 hours, and 2234

hours and on May 21, 2021 at 0034 hours and 0634 hours, however the HIR assessments were not completed.

B) Review of resident #004's clinical record showed that the resident had an unwitnessed fall at 0810 hours on May 14, 2021.

Review of resident #004's HIR showed that HIR assessments were due on May 14, 2021, 1440 hours, at 1640 hours, at 1840 hours and at 2240 hours, however the HIR assessments were not completed.

C) Review of resident #005's clinical record showed that the resident had an unwitnessed fall at 1850 hours on July 18, 2021.

Review of resident #005's HIR showed that HIR assessments were due to be completed on July 19, 2021 at 0320 hours and 0520 hours however the HIR assessments were not completed.

During an interview and review of the HIR documentation of residents #003, #004 and #005 with the Assistant Director of Care #102, they acknowledged that the HIR assessments were not completed for residents #003, #004 and #005 per the homes policy.

The homes failure to complete the HIR assessments when required placed residents #003, #004 and #005 at risk of unrecognized complication from a head injury.

Sources: Resident #003, #004 and #005's clinical records, interview with ADOC #102 and the LTCH's Fall Prevention and Management Policy and Head Injury Routine Policy. [s. 8. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 4th day of August, 2021

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l’inspecteur (No) :	DEBRA CHURCHER (670)
Inspection No. / No de l’inspection :	2021_563670_0017
Log No. / No de registre :	003079-21, 007179-21, 008359-21, 008394-21, 011014-21
Type of Inspection / Genre d’inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Aug 3, 2021
Licensee / Titulaire de permis :	Schlegel Villages Inc. 325 Max Becker Drive, Suite. 201, Kitchener, ON, N2E-4H5
LTC Home / Foyer de SLD :	The Village at St. Clair 1800 Talbot Road, Windsor, ON, N9H-0E3
Name of Administrator / Nom de l’administratrice ou de l’administrateur :	Tammy Roberts

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

To Schlegel Villages Inc., you are hereby required to comply with the following order (s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10 r. 8.(1). (b).
Specifically,
A) The licensee must ensure that the home's policy related to falls prevention is complied with.

B) The licensee must ensure that the Director of Care or designate provides training to all Registered Nurses and Registered Practical Nurses related to the home's policy on completing a head injury routine for all residents that experience a fall when a head injury is suspected or the fall is unwitnessed.

C) The licensee must ensure that the Director of Care or designate keeps a record of the training that indicates the content of the training, the staff members name that received the training and the date the training was completed.

D) The licensee must ensure that the Director of Care or designate completes weekly audits of three falls (if available) to ensure that, if required, head injury routines are being completed at the specific time intervals listed in the homes policy. The audits will be completed for three months or until such time as compliance is achieved.

E) The licensee must ensure that the Director of Care or designate keeps records of the audits completed, any deficiencies noted and any corrective actions taken related to identified deficiencies.

Grounds / Motifs :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Fall Prevention and Management Policy Tab 04-29, stated "If the resident hits their head or there were no witnesses to the fall, the Head Injury Routine is followed (see Head Injury Routine Policy, Tab 04-37)."

Head Injury Routine (HIR) Policy Tab 04-37, stated "Villages using Point Click Care (PCC) will use the Head Injury Routine form located within the nursing software, following the time frames indicated on the electronic form."

PCC HIR Schedule showed that the HIR assessments should be completed every thirty minutes for four assessments then every hour for three assessments, then every two hours for three assessments, then every four hours for one assessment for a total of 11 assessments.

A) Review of resident #003's clinical record showed that the resident had an unwitnessed fall.

Review of resident #003's HIR documentation showed that HIR assessments were due to be completed at six specific times and were not completed.

B) Review of resident #004's clinical record showed that the resident had an unwitnessed fall.

Review of resident #004's HIR showed that HIR assessments were due to be completed at four specific times and were not completed.

C) Review of resident #005's clinical record showed that the resident had an unwitnessed fall.

Review of resident #005's HIR showed that HIR assessments were due to be completed at two specific times and were not completed.

During an interview and review of the HIR documentation of residents #003, #004 and #005 with the Assistant Director of Care #102, they acknowledged that the HIR assessments were not completed for residents #003, #004 and #005 per the homes policy.

The homes failure to complete the HIR assessments when required placed residents #003, #004 and #005 at risk of unrecognized complication from a head injury.

Sources: Resident #003, #004 and #005's clinical records, interview with ADOC #102 and the LTCH's Fall Prevention and Management Policy and Head Injury Routine Policy.

An order was made taking the following factors into account.

Severity: The licensees failure to follow their policy related to completing HIR post unwitnessed falls placed residents #003, #004 and #005 at actual risk for harm.

Scope: This issue was widespread as the licensee failed to complete HIR assessments for three out of three residents reviewed.

Compliance History: 43 Written Notifications, 33 Voluntary Plans of Correction and eight Compliance Orders of which seven have been complied were issued to the home related to different sub-sections of the legislation in the last 36 months.
(670)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2021

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 3rd day of August, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Debra Churcher

Service Area Office /
Bureau régional de services : London Service Area Office