

**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**London Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 9, 2022	2022_533115_0001	012264-21, 019060- 21, 019063-21	Follow up

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**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**

TERRI DALY (115), SAMANTHA PERRY (740)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): January 19 - 20, and 25 - 28, 2022.**

**This Follow up inspection was completed related to:**

**Log #012264-21, regarding Compliance Order #001 issued in inspection #2021\_563670\_0017 related to the home's head injury routine policy.**

**Log #019060-21, regarding Compliance Order #001 issued in inspection #2021\_797749\_0027 related to a safe and secure environment.**

**Log #019063-21, regarding Compliance Order #004 issued in inspection #2021\_797749\_0027 related to the home's Infection Prevention and Control Program.**

**An Infection Prevention and Control (IPAC) inspection was also completed as part of this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing Care, the Assistant Directors' of Care, registered staff, Personal Support Workers, agency staff, a Personal Support Worker student, a Housekeeping Aide, a Dietary Aide, the Chaplain, the Infection Prevention and Control Lead, Recreation Aide, the Director of Environmental, the Director of Food Services, resident's and family.**

**During the course of this inspection the inspector reviewed clinical records, menu boards, education records, policies and procedures, evaluations, and other relevant documentation, made observations of resident's and care provided to them and observed the home's infection control practices.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

**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)**

**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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 229. (4)	CO #004	2021_797740_0027		740
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2021_797740_0027		740
O.Reg 79/10 s. 8. (1)	CO #001	2021_563670_0017		740

**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>Légende</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. 73. Dining and snack service**

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

- s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**
- 1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).**
  - 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**
  - 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise. O. Reg. 79/10, s. 73 (1).**
  - 4. Monitoring of all residents during meals. O. Reg. 79/10, s. 73 (1).**
  - 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).**
  - 6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**
  - 7. Sufficient time for every resident to eat at his or her own pace. O. Reg. 79/10, s. 73 (1).**
  - 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**
  - 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).**
  - 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**
  - 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the home had a dining and snack service that included, at a minimum: the communication of daily menus to residents.

During a follow-up inspection for a compliance order related to the relocation of the home's eight daily menu boards titled, "Today's Menu", initial observations showed the paper copies of the daily menus were removed from all eight of the home's "Today's Menu" boards. However, the home failed to relocate the daily menus in a location away from any entrance/exit to the serveries and pathways of any dietary carts. Observations on several additional days showed the paper daily menus were either not posted or the wrong daily menu was posted in each of the eight home areas and therefore, not available for resident review as legislated.

A Personal Support Worker (PSW) the Director of the Environment and the Director of Food Services, all confirmed the daily menus were not communicated to all residents.

Sources: The Inspector multiple observations of the home's eight home areas, and interviews with staff and management. [s. 73. (1)]

***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 the home communicates the daily menu to residents, to be implemented voluntarily.***

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Issued on this 14th day of February, 2022

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

**Original report signed by the inspector.**