Ontario

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

Rapport d'inspection prévue 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

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 conformité

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 30, 2012		Critical Incident H-002069-11

Licensee/Titulaire
Oakwood Retirement Communities
325 Max Becker Drive
Suite 201
Kitchener, ON N2E 4H5

Long-Term Care Home/Foyer de soins de longue durée
Riverside Glen Long-Term Care Facility
60 Woodlawn Road East,
Guelph, ON

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

Debora Saville Nursing Inspector #192

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection related to H-002069-11.

During the course of the inspection, the inspector spoke with: The Assistant General Manager, and the Director of Nursing.

During the course of the inspection, the inspector: Reviewed medical records, investigation notes, and incident reports.

The following Inspection Protocols were used in part or in whole during this inspection:

Hospitalization and Death

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

The following constitutes non-compliance under the Nursing Home Act (NHA) R.S.O. 1990, Chapter N. 7

The Licensee has failed to comply with **NHA R.S.O., 1990, c. N. 7 s. 20.10**

A licensee of a nursing home shall ensure that the plan of care is revised as necessary when the resident's requirements change.

Findings:

A specified resident was noted to be depressed, sad, wishing they were dead on a specified date in 2008. The resident's plan of care, in effect at the time of the death in 2009 and dated May 2009, did not include interventions related to depression although the resident was restarted on antidepressants on a specified date in 2008 and statements taken from staff who cared for the resident indicate that the resident frequently spoke about end of life.
A progress note in 2009 indicates that the resident was showing signs of depression or an increased depressed mood, possibly related to decreasing independence and that they often state frustration with specified challenges. The plan of care was not updated to address the depressive state or expressed concerns related to specified challenges.
There is no indication of referral to mental health or social work related to the resident's increasing depressive state.

Inspector ID #:	Debora Saville #192

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**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.** Debora Saville (192)
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). April 23, 2012