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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 4, 2020	2020_832604_0015	015832-20, 016685-20, 021825-20	Critical Incident System

Licensee/Titulaire de permis

Chartwell Master Care LP
7070 Derrycrest Drive Mississauga ON L5W 0G5

Long-Term Care Home/Foyer de soins de longue durée

Chartwell Aurora Long Term Care Residence
32 Mill Street Aurora ON L4G 2R9

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

SHIHANA RUMZI (604)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 23, 24, 25, 26, 30, and December 1, 2020.

During the course of the inspection intakes related to Critical Incident System (CIS) reports where inspected:
-Intake related to abuse
-Intake related to a injury of unknown cause
-Intake related to a fall

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Nurse Supervisor (NS), Programs and Support Services Manager (PSSM), Registered Nurse (RN), and Personal Support Worker (PSW).

During the course of the inspection the inspector reviewed resident health records, observed staff to resident interaction, and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation

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

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 LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

The licensee has failed to ensure resident #005 was protected from abuse by anyone.

The home submitted a Critical Incident System (CIS) report which indicated resident was abused by a Personal Support Worker (PSW) during care. In an interview the PSW stated they witnessed and heard the abuse towards the resident. In an interview PSW and Registered Nurse Supervisor (RNS) confirmed the resident was abused.

Source: Initial and amended CIS reports, skin and wound assessment, interview with PSW, RNS, and home's investigation notes.

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 residents was protected from abuse by anyone, to be implemented voluntarily.

WN #2: 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

The licensee has failed to ensure the care set out in the plan of care was provided to the resident as specified in the plan of care.

A review of the residents documentation indicated the care was not carried out as per physician order. In an interview the Registered Practical Nurse (RPN) confirmed the care was not provided as per physician order to the resident.

Sources: residents chart review and RPN interview.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

The licensee has failed to ensure that their written policy which promotes zero tolerance of abuse of residents was complied with.

The home submitted a CIS report which indicated a resident was abused by a PSW in the long-term care home. In an interview the PSW indicated they witnessed and heard the abuse from a PSW towards a resident. The PSW stated they reported the abuse to the day Nurse Supervisor (NS) later after they left their shift. In an interview NS confirmed the PSW called them and reported the abuse late. The PSW and NS stated as per home's abuse policy they are to report any type of abuse immediately to their nurse or supervisor and acknowledged the home's policy to report abuse immediately was not followed.

Sources: Initial and amended CIS report, home's policy titled "Abuse Free Communities, Prevention, Education and Analysis", interview with PSW and NS.

Issued on this 10th day of December, 2020

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

Original report signed by the inspector.