Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central East District
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Oshawa, ON, L1H 1A1
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Public Report

Report Issue Date: February 3, 2025

Inspection Number: 2025-1164-0001

Inspection Type:
Complaint

Licensee: Chartwell Master Care LP

Long Term Care Home and City: Chartwell Ballycliffe Long Term Care Residence, Ajax

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 27- 30, 2025 and February 3, 2025
The inspection occurred offsite on the following date(s): January 31, 2025

The following intake(s) were inspected:
An intake related alleged abuse towards to a resident.
An intake related concerns regarding room cold temperature and injury during transfer.
An intake related concerns regarding the conduct of a staff and skin and wound care.

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

Skin and Wound Prevention and Management
Continence Care
Housekeeping, Laundry and Maintenance Services
Medication Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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.

The licensee failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan as specialized device to be applied and removed at certain time.

On a specific day, the inspector observed the resident not wearing their specialized device related to their specific medical diagnosis. The registered staff confirmed that a specialized device was not applied. Director of Care (DOC) confirmed that the staff did not follow the resident's plan of care.

Sources: Observation, Interview with staff, and Clinical record of a resident

WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO DIRECTOR

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who has reasonable grounds to suspect improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident has occurred or may occur was immediately reported to the Director.

A complaint was received by the Director related to an incident that resulted in injury to a resident. Review of a resident's progress notes confirmed the incident occurred and was not reported to the Director.

Sources: A complaint intake, a resident's clinical health records, the home's policies and procedures, interviews with staff.

WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO DIRECTOR

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who had reasonable grounds to suspect abuse of a resident by anyone, that resulted in harm or a risk of harm to the resident, was immediately reported to the Director.

A complaint was received by the Director related to an allegation of staff to resident abuse or neglect.

Review of a resident's clinical health records and interviews with a PSW confirmed that an incident occurred between a PSW and a resident which resulted in harm or a risk of harm to the resident. DOC confirmed that the incident was not reported to the Director.

Sources: A complaint intake, the resident's clinical health records, interview with the resident, and interviews with staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that the resident has an individualized plan of care to promote and manage bowel and bladder continence by how often staff monitor the resident related to their responsive behaviour.

Sources: Resident's care plan; and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that actions are taken to respond to the needs of a resident, including reassessments, and interventions, and that the resident's responses to interventions are documented.

The resident's clinical records indicated that certain specific interventions should be done to manage the resident's responsive behaviour. The record review also indicated as per the Occupational Therapist (OT) recommendation a specific device should be applied. DOC indicated that these interventions were no longer in place. There was no documented record to indicate that this intervention was ineffective and discontinued.

Sources: Observation, Interview with staff, and Clinical record of the resident.

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (2)
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant.

The licensee failed to ensure for a resident's verbal complaint related to rough incontinence care that a documented record was kept in the home.

A complaint was received by the Director related to an allegation of staff to resident abuse or neglect.

A PSW confirmed that they reported a resident's complaint of abuse or neglect to the DOC. Review of the home's complaint records confirmed there were no documented records for the resident's complaint. The DOC confirmed that there were no documented records kept in the home for the resident's complaint.

Sources: A complaint intake, the home's complaints records, a resident's clinical health records, interview with the resident, and interviews with staff.