

**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 |
|--|---|-----------------------------------|--|
| Mar 3, 2020 | 2020_704682_0004 | 023522-19, 023865-19 | 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 Niagara Long Term Care Residence
120 Wellington Street P.O. Box 985 NIAGARA-ON-THE-LAKE ON L0S 1J0

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

AILEEN GRABA (682)

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): February 25, 26, 27, 28, 2020.

**The following Critical Incident inspections were conducted:
023522-19 related to fall prevention
023865-19 related to a fire emergency and unplanned evacuation.**

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, the Director of Care (DOC), the Program Support Services Manager, the Environmental Services Manager (ESM), housekeeping staff, registered staff, personal support workers (PSW) and residents.

During the course of this inspection, the inspector observed the provision of the care and reviewed clinical health records, investigation notes, staffing schedules, meeting minutes, emergency and fire evacuation plans, manufacturer specifications and policy and procedures.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Safe and Secure Home
Skin and Wound Care**

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)**

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. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that procedures were developed and implemented to ensure that electrical equipment, were kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum.

A critical incident (CI) was submitted to the Director.

A review of the manufacturer specifications manual stated: " Periodic cleaning/ vacuuming of the fan/heater is recommended."

Housekeeping routines were reviewed. During an interview on an identified date, the Environmental Service Manager (ESM) #109, confirmed that cleaning and vacuuming of the fan/ heater was not done and not included in job routines. The ESM confirmed that the home did not ensure that procedures were developed and implemented to ensure that electrical equipment, were cleaned at a level that meets manufacturer specifications, at a minimum. [s. 90. (2) (a)]

2. The licensee failed to ensure that procedures were developed and implemented to ensure that the electric fireplace(s) were inspected by a qualified individual at least annually, and that documentation was kept of the inspection.

A critical incident (CI) was submitted to the Director.

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During an interview on an identified date, the ESM #109, stated that the electric fireplace was greater than ten years old and that it was not included in the preventative maintenance schedule or inventory list. During an interview on an identified date, the Administrator stated that the electric fireplace(s) were inspected by the Occupational Health and Safety team and that the documentation of the electric fireplace inspection specifically was not available because the documentation was done by exception only.

A review of the Health and Safety; Workplace Inspections- Safety Talk Handout by Chartwell stated: "Laws and regulations may specify that qualified or competent persons must inspect certain types of equipment, such as elevators, boilers, pressure vessels, scaffolding, and fire extinguishers at determined points in the work process and at regular intervals."

During an interview on an identified date, the Director of Care (DOC) confirmed that the fireplace(s) were not inspected by a qualified individual annually and therefore no documentation was available.

The home failed to ensure that procedures were developed and implemented safeguarding that the electric fireplace(s) were inspected by a qualified individual at least annually, and that documentation was kept of the inspection. [s. 90. (2) (e)]

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 that, (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; to ensure that procedures are developed and implemented; to ensure that, the electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection, to be implemented voluntarily.

Issued on this 12th day of March, 2020

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

Original report signed by the inspector.