



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 28, 29, 30, Jul 4, 5, 6, 7, 11, 13, 14, 18, Aug 4, 29, 2011; 2011_095105_0002; Annual

Licensee/Titulaire de permis

CHARTWELL MASTER CARE LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

CHATEAU GARDENS LONDON LONG TERM CARE CENTRE
2000 Blackwater Road, LONDON, ON, N5X-4K6

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

JUNE OSBORN (105), BONNIE MACDONALD (135), JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Annual inspection.

During the course of the inspection, the inspector(s) spoke with 51 residents, 9 family members, the administrator, the business manager, the assistant director of care, 6 registered nurses, 9 registered practical nurses, 22 personal support workers, the environmental manager, the maintenance technician, the food and nutrition manager, the registered dietitian, the life enrichment manager, the physiotherapist, 1 physiotherapy assistant, the unit clerk, 2 housekeeping staff, 3 activation aides, 4 dietary aides, 1 laundry aide, 1 corporate nurse consultant, and 1 corporate dietary consultant.

During the course of the inspection, the inspector(s) interviewed residents, family members, substitute decision makers, and staff; observed resident care, dining and snack service, medication administration and storage of medications, infection control practices, recreational activities, the home's environment, for required postings; reviewed resident records, home policies and procedures, registered nurses' schedule, meeting minutes, attendance records for programs, activity calendars, immunization records of pets, and quality improvement records.

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

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process



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Contenance Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Définitions

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités



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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 O.Reg 79/10, s. 52. Pain management
Specifically failed to comply with the following subsections:**

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits sayants :

1. June 30, 2011 - 10:11 - and July 11, 2011, 11:45, resident interview with the resident, revealed there was pain.

July 9, 2011 - 14:13 - record review revealed that the resident has had ongoing pain as documented in the progress notes.

July 11, 2011 - 12:55 - resident observation revealed resident was experiencing pain. This was confirmed by registered nurse who also observed resident at the same time.

July 11, 2011 - 12:30 - record review determined that no pain assessment was conducted using a clinically appropriate assessment instrument for pain.

July 11, 2011 - 13:05 - staff interview with registered nurse confirmed that the resident had not been assessed using the home's Point Click Care Pain Assessment as per the home's Pain Control policy NUR-IV-06 dated June 2010.

July 12, 2011 - 14:48 - staff interview with the assistant director of care confirmed that the resident was not assessed using the home's Point Click Care Pain Assessment as per the home's Pain Control policy NUR-IV-06 dated June 2010.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits sayants :

1. The Licensee has failed to ensure that residents' rights are fully promoted in accordance with section 3 of the Act. [LTCHA,2007,S.O.2007,c8,s.3(1)5.]

July 12, 2011 - 13:22 - observations, staff interviews and record reviews throughout this inspection reveal the condition of the carpet in many areas of the home to be very stained. Carpet cleaning in 2 resident home areas was last done in January 2011, while the third resident home area had an additional cleaning in May, 2011.

July 7, 2011 -12:24 - observations on a resident home area revealed ceiling tiles in the conference room and the dining room with rust coloured stains, the shower room had broken wall tiles in the shower area , and the walls in this shower room also are chipped. Patched areas on walls were noted throughout the home and are not yet painted.

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 be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits sayants :

1. July 6, 2011 - 10:00 - review of residents' council minutes of October 26, 2010, revealed a concern regarding the ordering of new blinds for the dining rooms.

July 6, 2011 - 11:15 - staff interview with the administrator related to the concerns of the residents' council confirmed that the home did not respond in writing within 10 days. The written response was provided to the resident's council on February 11, 2011.

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 be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits sayants :



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1. The licensee has failed to ensure information is provided to the residents in accordance with section 78 of the Act. [LTCHA2007,S.O.207,c.8,s.78(2)(q)].

July 13, 2011 - 10:17 - observation of the admission package revealed an explanation of whistle-blowing protections related to retaliation is not included.

July 14, 2011 - 08:45 - staff interview with the administrator verified that the explanation of whistle-blowing protections related to retaliation is not included in the package.

2. The licensee has failed to ensure information is provided to the residents in accordance with section 78 of the Act. [LTCHA2007,S.O.207,c.8,s.78(2)(i)].

July 13, 2011 - 10:17 - observation of the admission package revealed a statement of the maximum amount that a resident can be charged for each type of accommodation offered in the home is not included.

July 14, 2011 - 08:45 - staff interview with the administrator verified that a statement of the maximum amount that a resident can be charged for each type of accommodation offered in the home is not included in the admission package.

3. The licensee has failed to ensure information is provided to the residents in accordance to section 78 of the Act. [LTCHA2007,S.O.207,c.8,s.78(2)(g)].

July 13, 2011 - 10:17 - observation of the admission package reveals the home's policy on minimizing the restraining of residents is not included.

July 14, 2011 - 08:45 - staff interview with the administrator verified that the home's policy on minimizing the restraining of residents is not included.

4. The licensee has failed to ensure information is provided to the residents in accordance with section 78 of the Act. [LTCHA2007,S.O.207,c.8,s.78(2)(d)].

July 13, 2011 - 10:17 - observation of admission package reveals that the explanation of the duty to make mandatory reports is not included.

July 14, 2011 - 08:45 - staff interview with the administrator verified that the explanation of the duty to report is not included in the admission package.

5. The licensee has failed to ensure information is provided to the residents in accordance with section 78 of the Act. [LTCHA2007,S.O.207,c.8,s.78(2)(c)].

July 13, 2011 - 10:17 - observation of admission package reveals that the home's policy to promote zero tolerance of abuse and neglect of residents is not included.

July 14, 2011 -08:45 - interview with administrator verified that this policy is not included in the admission package.

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 be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights;
 - (b) the long-term care home's mission statement;
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
 - (d) an explanation of the duty under section 24 to make mandatory reports;
 - (e) the long-term care home's procedure for initiating complaints to the licensee;
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
 - (h) the name and telephone number of the licensee;
 - (i) an explanation of the measures to be taken in case of fire;
 - (j) an explanation of evacuation procedures;
 - (k) copies of the inspection reports from the past two years for the long-term care home;
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
 - (p) an explanation of the protections afforded under section 26; and
 - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)
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Findings/Faits sayants :



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1. The licensee has failed to ensure the posting of required information in accordance with section 79 of the Act. [LTCHA,2007S.O.2007,c.8's.79(3)(p)].

July 13, 2011 - 10:17 - observation of posted information revealed that an explanation of whistle-blowing protections related to retaliation is not posted.

July 14, 2011 -08:45 - staff interview with the administrator verified the explanation of whistle-blowing protections related to retaliation is not posted.

2. The licensee has failed to ensure the posting of required information in accordance with section 79 of the Act. [LTCHA,2007S.O.2007,c.8's.79(3)(o)].

July 13, 2011 - 10:17 - observation of posted information reveals the most recent minutes of the family council meetings are not posted.

July 13, 2011 - 14:45 - staff interview with the administrator verified the most recent minutes of family council meetings are not posted.

3. The licensee has failed to ensure the posting of required information in accordance with section 79 of the Act. [LTCHA,2007S.O.2007,c.8's.79(3)(g)].

July 13, 2011 - 10:17 - observation of posted information reveals the policy to minimize restraining of residents is not posted.

July 14, 2011 - 08:45 - staff interview with administrator verified the policy to minimize restraining of residents is not posted.

4. The licensee has failed to ensure the posting of required information in accordance with section 79 of the Act. [LTCHA,2007S.O.2007,c.8's.79(3)(f)].

July 13, 2011 - 10:17 - observation of the posted information reveals that the procedures for making a complaint to the Director including the name and telephone number of the Director or designated person to receive complaints is posted, however the name of the Director is incorrect.

July 13, 2011 - 14:45 - staff interview with the administrator verified she was unaware of the name of the interim Director.

5. The licensee has failed to ensure the posting of required information in accordance with section 79 of the Act. [LTCHA,2007S.O.2007,c.8's.79(3)(c)].

July 13, 2011 - 10:17 - observation of the postings reveal that the policy to promote zero tolerance of abuse and neglect of residents is not posted.

July 14, 2011 - 08:45 - staff interview with the administrator verified the policy to promote zero tolerance of abuse and neglect of residents is not posted.

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 be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits sayants :

1. July 4, 2011 - 10:20 - resident interview with resident council representative revealed that the home did not seek the resident council's advice in developing the home's Satisfaction Survey of April 2011.

July 4, 2011 - 11:00 - staff interview with the administrator confirmed that the home did not seek the resident council's advice in developing the Satisfaction Survey of April 2011.

2. July 13, 2011 - 11:30 - staff interview with administrator confirmed that advice is not sought of the resident or family council in developing the satisfaction survey due to the fact that the survey is a corporate survey.

3. July 5, 2011 - 13:32 - family interview with the family council president, confirmed the home did not seek the family council's advice in developing the Satisfaction Survey that went out in April 2011.

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 be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

- 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.**
 - 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
 - 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
 - 4. Monitoring of all residents during meals.**
 - 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
 - 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
 - 7. Sufficient time for every resident to eat at his or her own pace.**
 - 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
 - 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.**
 - 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**
 - 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 sayants :

1. The licensee has failed to ensure that elements of the dining and snack service are in accordance with section 73 of the Regulations.[O.Reg.79/10,s.73(1)2.].

July 4, 2011 - 09:52 - resident interview with residents' council member, revealed the home had not reviewed the dining and snack service times with the resident's council.

July 6, 2011 - 17:00 - staff interview with the food service manager and the corporate dietary consultant, confirmed that the home did not review the meal and snack times with the residents' council.

2. July 6, 2011 - 09:20 - staff interview with administrator confirmed the home's meal and snack times have not been reviewed with the residents' council.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 113. Evaluation

Every licensee of a long-term care home shall ensure,

(a) that an analysis of the restraining of residents by use of a physical device under section 31 of the Act or pursuant to the common law duty referred to in section 36 of the Act is undertaken on a monthly basis;

(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 29 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;

(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;

(d) that the changes or improvements under clause (b) are promptly implemented; and

(e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared. O. Reg. 79/10, s. 113.

Findings/Faits sayants :

1. The licensee has failed to evaluate minimizing of restraining according to section 113 of the Regulations.[O.Reg.79/10,s.113 (e)].

July 12, 2011 - 11:17 - record review: Restraints Annual Program

Evaluation record indicates the evaluators were: "DOC, Nursing Team, Quality Council" and not the names of the persons who participated in the evaluation.

2. The licensee has failed to evaluate minimizing of restraining according to section 113 of the Regulations.[O.Reg.79/10,s.113 (c)].

July 11, 2011 - 16:45 - home completes monthly analysis of trends - looks at resident's restraints on a quarterly basis according to assistant director of care.

3. The licensee has failed to evaluate minimizing of restraining according to section 113 of the Regulations.[O.Reg.79/10,s.113 (a)].

July 11, 2011 - 16:36 - staff interview with the assistant director of care, confirmed the analysis and reassessment is done quarterly. The home looks at the stats for restraints monthly.

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 be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits sayants :

1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system according to section 17 of the Regulations. [O.Reg.79/10,s.17(1)(a)].

July 7, 2011 -11:45- the environmental manager was taken to a resident's bathroom and neither the environmental manager nor the inspector could activate the call bell with the plastic clip in place. The environmental manager shared he thinks the clip is in the wrong place and will follow up on this.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits sayants :

1. The licensee has failed to ensure that a plan of care is based on interdisciplinary assessment in accordance with section 26 of the Regulations.[O.Reg.79/10,s.26(3)10.].

July 6, 2011, - 11:00 - record review reveals the registered nurse, referred this resident to physiotherapy for an assessment for falls.

July, 6, 2011 - 11:30 - staff interview with assistant director of care confirmed, that this resident had not had an assessment by the physiotherapy department for falls.

July 6, 2011 - 12:35 - staff interview with physiotherapist confirmed that the resident had not been assessed for falls nor was the plan of care revised, following nursing referral.

July 12, 2011 - 08:25 - record review reveals plan of care identifies the resident as high risk for falls.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information
Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.
3. The most recent audited report provided for in clause 243 (1) (a).
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

Findings/Faits sayants :

1. The licensee has failed to ensure the posting of required information in accordance with section 225 of the Regulations. [O.Reg.79/10,s.225(1)3].

July 13, 2011 - 10:17 - observation of posted information reveals that the most recent audited report is not posted.

July 14, 2011 - 08:45 - staff interview with the administrator verifies the most recent audited report is not posted.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits sayants :

1. The licensee has failed to ensure that the quality improvement and utilization review system required under section 84 of the Act in accordance with section 228 of the Regulations.[O.Reg.79/10,s.228(4)(ii)].

July 13, 2011 - 11:45 - staff interview reveals that the home is inconsistent with recording the names of the persons who participated in evaluations and that the home could not show all the names who had input.

July 13, 2011 - 13:00 - review of the program evaluations reveal 2/8 evaluated programs identify the evaluator(s).

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 be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program
Specifically failed to comply with the following subsections:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits sayants :

1. July 12, 2011 - 09:15 - during medication observation a registered practical nurse was noted to punch the narcotic medication out of the 31 day bubble card into her hand and then place the medication into the medication cup.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs
Specifically failed to comply with the following subsections:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy,
and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits sayants :

1. The licensee has failed to ensure the safe storage of drugs according to section 129 of the Regulations.[O.Reg.79/10,s.129 (1)(a)(iv)].

July 6, 2011 Inspection of the storage of the government stock supply revealed the following:
Outdated bottles of Baxedin (chlorhexidine gluconate) 2 for November 2009 and 3 for February 2011.
Outdated tylenol 325 mg 12 bottles January 2009.and 2 bottles May 2011.
Outdated Anuzinc suppositories 5 boxes ; 2 June 2009 and 3 July 2010.
Outdated Anuzinc ointment 1 tube June 2009
Outdated Cepacol lozenges 6 boxes of 400. 4 February 2011 and 2 November 2010.
Outdated Atasol 1 bottle March 2011
Outdated Gravol 50mg ; 8 bottles February 2011.
Outdated vita rub 27 jars March 2011.

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 be implemented voluntarily.

WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

s. 15. (1) Every licensee of a long-term care home shall ensure that,
(a) there is an organized program of housekeeping for the home;
(b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and
(c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits sayants :

1. The licensee has failed to ensure an organized program of laundry services for the home in accordance with section 15 of the Act. [LTCHA,2007,S.O 2007,c.8,s.15(1)(b)].

July 07, 2011 - 12:10 - observation of linens revealed a bottom sheet, had a round worn thin area approximately 12 inches in diameter in the middle of the sheet, 3/5 pillow cases checked were very thin and able to see pillow form clearly through pillowcase and 1/5 top sheets had a hole the size of a quarter near the edge of the sheet edge, confirming absence of an organized program of laundry services.

2. The licensee has failed to ensure home maintenance in accordance with section 15 of the Act. [LTCHA,2007,S.O.2007,c.8,s.15(2)(c)].

July 7, 2011 - 12:24 - observations on a resident home area revealed ceiling tiles in the conference room and the dining room with rust coloured stains, the shower room had broken wall tiles in the shower area , the walls in this room are also chipped. Patched areas on walls were noted throughout the home and are not yet painted.

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 be implemented voluntarily.

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
(b) cleaning and disinfection of resident care equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services devices, assistive aids, and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications;
(c) removal and safe disposal of dry and wet garbage; and
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits sayants :

1. The licensee has failed to ensure that the housekeeping program is in accordance with section 87 of the Regulations. [O.Reg.79/10,s.87(2)(a)(i)(ii)].

July 12, 2011 - 13:22 - observations, staff interviews and record reviews throughout this inspection reveal the condition of the carpet in many areas of the home are very stained. Carpet cleaning in 2 resident home areas were last done in January 2011, while the third resident home area had an additional cleaning in May, 2011.

2. July 04, 2011 - 13:20- family interview revealed that "lately I have noticed stains in the carpet".

July 6, 2011 - 10:00 - observation of the carpets reveals the entire east hall carpet is stained. The carpet is again stained in the hall around the nurses station and part of the lounge across from the nurses station. Stained carpet continues around into the north hall and into the small TV lounge which is heavily stained. The north hall has only minor stains. The dining room floor has multiple areas of scratches through the floor surface that are black in colour. The house keeping staff stated " this floor was never replaced like the others ". The staff also shared that the carpets are not deep cleaned on a schedule but rather as needed only.

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 be implemented voluntarily.

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items;**
- (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;**
- (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and**
- (d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).**

Findings/Faits sayants :

1. The licensee has failed to ensure the laundry service is in accordance with section 89 of the Regulations.[O.Reg.79/10,s.89 (1)(c)].

July 07, 2011 - 12:10 - observation revealed a bottom sheet has round worn thin area approximately 12 inches in diameter in middle of the sheet.

2. July 07, 2011 - 11:43 - observation: a sample obtained and shared with the Administrator to show her a new pillow case, washed only once and already looks very thin and worn with flaw in the material
A random walk about on a resident home area revealed 3/5 pillow cases checked were very thin and able to see pillow form clearly through pillowcase. 1/5 top sheets had a hole size of a quarter near the edge of the sheet edge.

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 be implemented voluntarily.

WN #18: 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 subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met;

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,

(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits sayants :

1. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan in accordance with section 6 of the Act. [LTCHA,2007,S.O.2007,c.8,s.6(7)].

a) July 8, 2011 - 10:30 - resident observation reveals that a resident has a front fastening seat belt which is not mentioned on the plan of care.(172)

b) July 6, 2011 - 16:26 - record review reveals that a resident experiencing ongoing chronic low fluid intake, was not provided care as set out in the plan of care when they were not provided the Standard Hydration Protocol as per the home's hydration policy NHS-X-17, June 2010. According to this policy, residents identified as high risk for dehydration will be placed on Standard Hydration Protocol that includes the following interventions: "provide labelled fluid 250 mls of water (or fluid of resident's preference) at all snack rounds morning, afternoon, and bedtime.; provide labeled jello, popsicles or ice cream for afternoon nourishment round; Resident's Food and Fluid Intake Form will be flagged to alert staff for high risk monitoring".

July 7, 2011 - 17:25 - record review of Daily Food and Fluid Intake Forms revealed no residents were flagged to alert staff of residents at high risk for fluid monitoring.

July 7, 2011 - 15:55 - staff interview with the registered nurse was conducted where she stated "presently there were no residents on the unit at risk for dehydration."

July 8, 2011 - 10:05 - observation of morning snack round revealed the resident received 125 mls of fluids and not 250 mls. as per the Hydration Protocol.

July 8, 2011 - 10:05 - staff interview with personal support worker serving morning beverages confirmed the resident received 125mls of beverage.

July 7, 2011 - 15:50 - staff interview with the home's food and nutrition manager confirmed that the resident is not being sent an additional 125 mls. of fluid at snack rounds as per hydration protocol. She confirmed, the home doesn't have a fluid alternative to ice cream or jello.

2. The licensee has failed to ensure that a written plan of care is revised in accordance to section 6 of the Act. [LTCHA,2007,S.O.2007,c.8,s.6(11)(b)].

July 7, 2011 - 15:00 - record review reveals the dietitian's nutritional assessments for the resident, provide no evidence of a reassessment or different approaches having been considered despite the resident's ongoing poor fluid intake as identified by the Daily Food and Fluid Intake records.

July 7, 2011 - 15:24 - record review revealed an average daily fluid intake was 42.6% of the resident's daily fluid requirement as per the plan of care.

July 12, 2011 - 15:30 - record review revealed no referral to the home's dietitian regarding resident's low fluid intake. The home's Hydration Policy NHS-X-17 June 2010, states that a referral will be made to the registered dietitian when resident's intake is 1000 mls. of fluid or less for 3 consecutive days.

July 12, 2011 - 13:40 - staff interview with the home's food and nutrition manager, confirmed that resident has not been referred for ongoing low fluid intake.

3. The licensee has failed to ensure that a written plan of care provides clear direction in accordance to section 6 of the Act. [LTCHA,2007,S.O.2007,c.8,s.6(1)(c)].

a) July 7, 2011, record review : a front closing seat belt was ordered by nurse practitioner, however, the current plan of care does not address this.

July 8, 2011 - 10:15 - staff interview with the registered practical nurse verified the type of seat belt to be used for this resident to be a front fastening seat belt.(172)

b) July 11, 2011 - 12:52 - record review reveals that resident's plan of care does not address fingernail care.

July 11, 2011 - 12:52 - Staff interview with registered practical nurse shared that residents who are diabetic have their fingernail and toenail care done by the Victorian Order of Nurses, and the list is in the front office.

July 11, 2011 - 12:52 - staff interview with personal support worker shared the list of diabetics is written on the bath list. The current bath list has no indication of diabetics.(105)

c) July 07, 2011 - 09:53 - record review revealed that the plan of care is not current.

July 7, 2011 - 10:17 - observation of resident's room reveals the plan of care is not current.(105)

d) July 9, 2011 - 14:00 - record review reveals the resident's plan of care, indicates the intervention for a chronic condition is not current.

July 11, 2011 - 10:26 - staff interview with physiotherapy assistant confirmed intervention for chronic condition is not current.

e) July 12, 2011 - 09:40 - staff interview with registered nurse, confirmed the resident's mobility is not correct as per the plan of care.

July 6, 2011 - 10:35 - record review reveals the plan of care related to mobility is not current.

July 6, 2011 - 10:21 - a staff interview with the physiotherapy assistant confirmed resident's plan of care related to mobility is not current.

4. July 6, 2011 - 09:21 - record review revealed the plan of care was not current as there was no current physiotherapy assessment.

July 6, 2011 - 12:35 - staff interview with physiotherapist, confirmed that the resident does not have a current physiotherapy assessment.

July 8, 2011 - 10:21 - staff interview with physiotherapy assistant, confirmed that the resident does not have a current physiotherapy assessment.

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 be implemented voluntarily.

**WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:**

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits sayants :



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

1. The licensee has failed to ensure that policies are followed in accordance with section 8 of the Regulations.[O.Reg.79/10,s.8 (1)(b)].

a) July 12, 2011 - 08:15 - record review reveals that the documentation of repositioning varies related to the resident's ability to reposition self. The resident is assessed as requiring assistance to reposition in bed.
Policy review reveals policy LTCE-RCA-D-002 Section Title Records; is not complied with.
Staff interview with registered practical nurse, verified that documentation is inaccurate.

2. b) July 12, 2011 - 16:45 - policy review of the home's Hydration policy NHS-X-17 June 2010: is not complied with.

July 12, 2011 - 13:40 - staff interview with the home's food and nutrition manager, confirmed that the resident had not been referred for ongoing low fluid intake.

July 12, 2011 - 15:30 - record review revealed there was no referral to the home's dietitian.

3. c) July 11, 2011 - 12:30 - record review confirmed that resident was not assessed according to the home's Pain Control Policy NUR-IV-06, June 20, 2010.

July 11, 2011 - 12:30 - record review confirmed that the home's Pain Control Policy NUR-IV-06, June 2010 was not complied with.

July 11, 2011 - 13:05 - staff interview with registered nurse confirmed that the resident had not been assessed according to the policy NUR-IV-06, dated June 2010.

July 12, 2011 - 14:48 - staff interview with the assistant director of care confirmed that the resident was not assessed according to the Pain Control policy NUR-IV-06, dated June 2010.

4. d) July 8, 2011 - 15:10 - staff interview with the assistant director of care confirmed that the home's Hand Hygiene policy Info-11-30 Routine Practices for Hand Hygiene, February 2008, was not followed related to safe dispensing of medications during medication pass July 6, 2011 12:01.

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 be implemented voluntarily.

Issued on this 29th day of August, 2011

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



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JUNE OSBORN (105), BONNIE MACDONALD (135), JOAN WOODLEY (172)
Inspection No. / No de l'inspection :	2011_095105_0002
Type of Inspection / Genre d'inspection:	Annual
Date of Inspection / Date de l'inspection :	Jun 28, 29, Jul 4, 5, 6, 7, 11, 13, 18, Aug 4, 29, 2011
Licensee / Titulaire de permis :	CHARTWELL MASTER CARE LP 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1
LTC Home / Foyer de SLD :	CHATEAU GARDENS LONDON LONG TERM CARE CENTRE 2000 Blackwater Road, LONDON, ON, N5X-4K6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	LINDA ADAMSON

To CHARTWELL MASTER CARE LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to achieve compliance with O.Reg.79/10,s.52(2).
Submit the plan to LondonSAO.MOH@ontario.ca.

Grounds / Motifs :

1. June 30, 2011 - 10:11 - and July 11, 2011 - 11:45 - resident interview with the resident, revealed there was pain.

July 9, 2011 - 14:13 - record review revealed that the resident has had ongoing pain, as documented in the progress notes.

July 11, 2011 - 12:55 - resident observation revealed resident was experiencing pain. This was confirmed by registered nurse who also observed resident at the same time.

July 11, 2011 - 12:30 - record review determined no pain assessment was conducted using a clinically appropriate assessment instrument for pain.

July 11, 2011 - 13:05 - staff interview with registered nurse, confirmed that the resident had not been assessed using the home's Point Click Care Pain Assessment as per the home's Pain Control policy NUR-IV-06 dated June 2010.

July 12, 2011 - 14:48 - staff interview with the assistant director of care confirmed that the resident was not assessed using the home's Point Click Care Pain Assessment as per the home's Pain Control policy NUR-IV-06 dated June 2010.
(135)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 15, 2011



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-760

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is (are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Clair Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 29th day of August, 2011

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

JUNE OSBORN

**Service Area Office /
Bureau régional de services :**

London Service Area Office



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

**Rapport d'inspection
prévus 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

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Date(s) of inspection/Date de l'inspection June 28, 29, July 4, 5, 6, 7, 11, 13, 14, 18, August 4, 2011	Inspection No/ No de l'inspection 2011_095105_00002	Type of Inspection/Genre d'inspection L-000979-11 RQI
Licensee/Titulaire de permis Chartwell Master Care LP 100 Milverton Drive, Suite 700, Mississauga ON, L5R 4H1		
Long-Term Care Home/Foyer de soins de longue durée Chateau Gardens London Long Term Care Centre 2000 Blackwater Road, London ON, N5X 4K6		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs June Osborn(105), Bonnie MacDonald(135), Joan Woodley(172)		

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA,2007,S.O.2007,c.8,s. 3(1)1.	WN, VPC	2011_105_2919_17May1 22354	105
O.Reg.79/10,s.104(2)	WN, VPC	2011_105_2919_17May1 22354	105
O.Reg.79/10,s.104(1)2(ii)	WN	2011_105_2919_17May0 91812	105
O.Reg.79/10,s.104(2)	WN	2011_105_2919_17May0 91812	105
P1.25 LTCH Program and Standards Manual	Unmet Standard	February 16, 2010	135



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
C1.6 LTCH Program and Standards Manual	Unmet Standard	July 17, 2009	187

Issued on this 4 day of August, 2011

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