

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Nov 5, 2020	2020_648741_0018	020432-20	Complaint

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 London Long Term Care Residence
2000 Blackwater Road LONDON ON N5X 4K6

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

AYESHA SARATHY (741)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 2 and 3, 2020

The following Complaint was inspected as a part of this inspection:

IL83489-LO related to pain management

During the course of the inspection, the inspector(s) spoke with a Personal Support Worker (PSW), three Registered Nurses (RNs), the Acting Director of Care (Acting DOC) and the Administrator.

The Inspector also reviewed a resident's clinical records and relevant policies and procedures during this inspection.

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

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Pain policies and procedures included in the required Pain Management Program were complied with for a resident.

Ontario Regulation 79/10 s. 48(1)(4) requires an interdisciplinary program for Pain Management to identify pain in residents and manage pain.

Ontario Regulation 79/10 s. 30(1)(1) requires that the program includes relevant policies, procedures and protocols.

Specifically, staff did not comply with the home's policy and procedure "Pain" #LTC-CA-WQ-200-05-04, last revised December 2017.

A resident who previously ambulated independently and required limited assistance to complete their ADLs exhibited non-verbal indications of pain and had a decline in their health status over a period of three days. During this time, staff did not comply with the home's Pain policy as they did not complete a new Comprehensive Pain Assessment Tool for the resident.

A Registered Nurse (RN) said that registered staff were required to complete a Comprehensive Pain Assessment if a resident had new pain and that staff could assess and document a head to toe assessment and Range of Motion (ROM) within the pain assessment. The Acting Director of Care (Acting DOC) said the home's expectation was that staff would have done a full pain assessment for the resident when they exhibited pain and had a decline in their health condition.

Sources: the resident's care plan, progress notes, home's "Pain" policy #LTC-CA-WQ-200-05-04, last revised December 2017, interviews with an RN, Acting DOC and other staff. [s. 8. (1) (a),s. 8. (1) (b)]

Issued on this 5th day of November, 2020

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

Original report signed by the inspector.