



**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 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  
Direction de l'amélioration de la performance et de la conformité

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 30, Nov 3, 6, 17, 2012	2012_183135_0012	Critical Incident

**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**

BONNIE MACDONALD (135)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Nurse, Assistant Director of Care, 2 Personal Support Workers, Program Support Services Manager, Cook, Dietary Aide and 5 residents.

During the course of the inspection, the inspector(s) reviewed clinical health records, critical incident investigation reports, policies and procedures, observed resident care and interviewed staff and residents.

Log #L-000422-12, L-000786-12, L-000787-12

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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 saillants :**

1. Home's Resident Abuse Policy, July 2010, states mandatory annual training and retraining for all staff will include training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect.

Review of home's yearly evaluation of the Abuse and Abuse Prevention program for 2011, revealed 39 of 118 staff (33%) had received annual training in Abuse and Neglect in 2011.

In interview, Administrator confirmed the Resident Abuse Policy, July 2010, was not complied with when the home failed to provide mandatory annual training and retraining for all staff.[O.Reg. 79/10, s. 8(1)(b)]

2. In response to resident's request the home put into place a bathing protocol stating the following:

Bath shift that starts immediately will do baths from 06:30-07:30 before going to alternate home area at 07:30 and complete two baths.

In conversation with the Administrator this was to allow for 30 minutes for each resident to bath in response to resident's request.

The home failed to comply with the bathing protocol when the following was revealed in interviews and record review: For a four month period on twelve occasions the bath time for a resident ranged from 10 to 14 minutes/bath.

In interview with Personal Support Worker, she stated she does 2 baths on home area 2 or 3 times/week from 6:30-7:00. She then goes to alternate home area to assist with breakfast service.

In interview with home's Administrator she confirmed her expectation that home's bathing schedule be complied with related to the bathing protocol as posted.[O.Reg. 79/10, s. 8 (1).(b)]

**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 ensuring annual retraining of staff with regards to abuse and neglect and that bathing protocols are complied with as posted, to be implemented voluntarily.*

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**WN #2: 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 subsections:**

**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).**

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**Findings/Faits saillants :**

1. Resident was not protected from abuse when home's Critical Incident investigation confirmed Personal Support Worker was responsible for resident abuse.  
Record review revealed, Personal Support Worker's last training in prevention of Abuse and Neglect was October 13, 2010.

Home's Resident Abuse Policy, July 2012, states mandatory annual training and retraining for all staff will include training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect.

In interview, Administrator confirmed the resident had not been protected from abuse by staff member.

**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 ensuring residents are protected from abuse and neglect, to be implemented voluntarily.*

Issued on this 17th day of November, 2012

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

