

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 25, 2021	2021_886630_0025	004514-21, 009332-21	Critical Incident System

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**Licensee/Titulaire de permis**

DTOC Long Term Care LP, by its general partner, DTOC Long Term Care MGP (a general partnership) by its partners, DTOC Long Term Care GP Inc. and Arch Venture Holdings Inc.

161 Bay Street, Suite 2100 TD Canada Trust Tower Toronto ON M5J 2S1

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

Chateau Park Long Term Care Home  
2990 B Riverside Drive West Windsor ON N9C 1A2

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

AMIE GIBBS-WARD (630)

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

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

**This inspection was conducted on the following date(s): June 22, 23 and 24, 2021.**

**The following Critical Incident (CI) intakes were completed within this inspection:**

**Related to falls prevention and management:**

**Log #004514-21 / CI 2712-000001-21**

**Log #009332-21 / CI 2712-000002-21**

**An Infection Prevention and Control (IPAC) as well as Cooling Requirements and Air Temperature inspection was also completed.**

**Loma Puckerin Inspector #705241 was also present during the inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the acting Director of Care (DOC), the Infection Prevention and Control (IPAC) Program Lead/ Administrative DOC, Assistant Director of Care (ADOC), the Maintenance Manager, the Nutrition Manager, a Registered Nurses (RN), a Housekeeper, Personal Support Workers (PSWs), a Dietary Aide and residents.**

**The inspectors also observed resident rooms and common areas, observed meal and snack service, observed IPAC practices within the home, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed COVID-19 Directive #3 and Directive #5 for Long-Term Care Homes and reviewed relevant policies and procedures of the home.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

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

**2 WN(s)  
2 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**

**Specifically failed to comply with the following:**

- 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; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (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 saillants :**

1. The licensee has failed to ensure that the home's resident-staff communication and response system (call light) was easily accessed and used by residents at all times.

Three residents were observed with their call light button not within reach and no staff present in the room at the time.

Staff reported that call light buttons were to be within reach of residents at all times and it was the responsibility of staff to check to ensure this was in place. They said these three residents would use their call light at times to request assistance. The call light buttons not being within reach for these residents placed them at risk for falls and for not receiving the assistance they required for care.

Sources: Observations; interview with a resident; interview with a Registered Nurse (RN) and other staff. [s. 17. (1) (a)]

***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 the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

On June 22, 2021 the inspectors were able to enter three rooms in different areas of the home where hazardous substances were being kept. The Material Safety Data Sheet (MSDS) for one of the products in these room showed it a "corrosive poison" and MSDS for another product indicated it causes "skin corrosion/irritation, serious eye damage/eye irritation" and one of the products was not correctly labelled as per WHIMIS (Workplace Hazardous Materials Information System) elements. In addition, signage on doors of the rooms stated that they should be kept closed.

On June 23, 2021, again an inspector was able to enter a room that stated the door should be kept closed.

The Maintenance Manager, the Nutrition Manager and acting Director of Care (DOC) all said it was the expectation that the doors to these areas should be closed or locked and inaccessible to residents all times. The acting DOC said there was a risk to residents if they accessed the hazardous materials in the rooms that were not kept locked. They also said that any product transferred from the original container into another should have the proper labels attached.

Sources: Observations June 22, and 23, 2021; interviews with the Maintenance Manager and other staff; review the MSDS for Oxivir Plus and the MSDS for Reliance Bleach Sysco. [s. 91.]

***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 all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.***

**Issued on this 25th day of June, 2021**

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

**Original report signed by the inspector.**