Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: July 18, 2023	
Inspection Number: 2023-1210-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: 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.	
Long Term Care Home and City: Chateau Park Long Term Care Home, Windsor	
Lead Inspector Julie D'Alessandro (739)	**Inspector Digital Signature** Julie D'Alessandro Digitally signed by Julie D'Alessandro Date: 2023.07.18 14:21:19 -04'00'
Additional Inspector(s) Terri Daly (115) Debra Churcher (670)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 11, 12, 13, 14, and 17, 2023.

The following intake(s) were inspected:

- Intake: #00091552 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air Temperature

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)

The licensee failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary:
A resident reported that their room was often cold. The temperature was checked in the resident's room and was 19.5 degrees Celsius.

Review of the home's temperature log between June 1, 2023, and July 11, 2023, showed several dates and times that temperatures were recorded to have been below 22 degrees Celsius. The temperature logs were reviewed with the Environmental Services Manager (ESM) who acknowledged that the temperature in the home was not always at a minimum of 22 degrees.

Sources:
Interview with a resident and the ESM, taking the temperature in a resident's room and review of the homes policy related to air temperature.
[670]

WRITTEN NOTIFICATION: Air Temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee failed to ensure that the required temperatures were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary:
Record review of the temperature logs between June 15, 2023, and July 10, 2023, showed that there were several temperatures not documented.

The ESM acknowledged that temperatures were not always being completed and documented when required.

Sources:
The home's temperature logs and interview with the ESM.
[670]

WRITTEN NOTIFICATION: Continuous Quality Improvement

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.

The licensee failed to ensure that the Continuous Quality Improvement (CQI) committee included the home’s Medical Director.

Rationale and Summary:
Review of the home's CQI meeting minutes dated March 28, 2023, and June 28, 2023, indicated that the Medical Director was not in attendance.

During an interview with the Administrator, they stated that the Medical Director was not part of the CQI committee.

Sources:
Review of the CQI meeting minutes and interview with the Administrator.
[670]

WRITTEN NOTIFICATION: Continuous Quality Improvement

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

The licensee failed to ensure that the CQI committee included the home’s Registered Dietitian.

Rationale and Summary:
Review of the home's CQI meeting minutes dated March 28, 2023, and June 28, 2023, indicated that the Registered Dietitian (RD) was not in attendance.

During an interview with the Administrator, they stated that the RD was not part of the CQI committee.

Sources:
Review of the CQI meeting minutes and interview with the Administrator.
[670]

WRITTEN NOTIFICATION: Continuous Quality Improvement

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

The licensee failed to ensure that the CQI committee included the home's pharmacy provider.

Rationale and Summary:
Review of the home's CQI meeting minutes dated March 28, 2023, and June 28, 2023, indicated that the pharmacy provider was not in attendance.

During an interview with the Administrator, they stated that the pharmacy provider was not part of the CQI committee.

Sources:
Review of the CQI meeting minutes and interview with the Administrator.
[670]

WRITTEN NOTIFICATION: Continuous Quality Improvement

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

The licensee failed to ensure that the CQI committee included at least oneone employee of the licensee who was a member of the regular nursing staff of the home.

Rationale and Summary:
Review of the home's CQI meeting minutes dated March 28, 2023, and June 28, 2023, indicated that at least one employee of the licensee who was a member of the regular nursing staff of the home was not in attendance.

During an interview with the Administrator, they stated that at least one employee who was a member of the regular nursing staff of the home was not part of the CQI committee.

Sources:
Review of the CQI meeting minutes and interview with the Administrator.
[670]

WRITTEN NOTIFICATION: Continuous Quality Improvement

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee failed to ensure that the CQI committee included a Personal Support Worker (PSW) employed by the home.

Rationale and Summary:
Review of the home's CQI meeting minutes dated March 28, 2023, and June 28, 2023, indicated that a PSW was not in attendance.

During an interview with the Administrator, they stated that a PSW was not part of the CQI committee.

Sources:
Review of the CQI meeting minutes and interview with the Administrator.
[670]