



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 27, 2017	2017_263524_0026	023782-17	Resident Quality Inspection

Licensee/Titulaire de permis

CVH (No.3) GP Inc. as general partner of CVH (no.3) LP
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H
5L8

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

Chelsey Park
310 OXFORD STREET WEST LONDON ON N6H 4N6

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

INA REYNOLDS (524), NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): October 23, 24, 25, 26, 27, 2017.

The following intakes were completed within the RQI:

Log # 014710-17 Follow-up to Compliance Order #001 related to duty to protect

Log # 014930-17 / CIS 2655-000073-17 related to allegations of abuse

Log # 021085-17 / CIS 2655-000091-17 related to allegations of neglect.

During the course of the inspection, the inspector(s) spoke with the Administrator, two Directors of Resident Care, two Nursing Operations Supervisors, the Dietary Manager, two Resident Assessment Instrument (RAI) Coders, the Wound Care Nurse, the Staff Educator, three Registered Nurses, five Registered Practical Nurses, one Physiotherapy Assistant, 12 Personal Support Workers, one Personal Support Worker student, two Dietary Aides, one Housekeeping Aide, one Residents' Council Representative, residents and family members.

The inspector(s) also conducted a tour of the home, observed care and activities provided to residents, medication administration, a medication storage area, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, internal investigation notes, relevant policies and procedures of the home, and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Skin and Wound Care



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)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2017_262630_0015		524

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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- 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; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



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Findings/Faits saillants :



1. The licensee has failed to ensure that the resident's plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed.

Review of the Minimum Data Set (MDS) assessment and Resident Assessment Protocol (RAP) for a specific date, indicated that an identified resident had an area of altered skin integrity.

Record review of the progress note on Point Click Care stated that the resident had an area of altered skin integrity on a certain part of their body documented on a specific date. In addition, the current physician orders indicated to monitor multiple identified areas of altered skin integrity on the resident. Skin care was completed and the Treatment Administration Record (TAR) protocol was written. Record review of the most recent plan of care on Point Click Care and the Kardex copy in the team binder for the resident indicated there was no focus statement, goals or interventions with respect to the resident's current alteration in skin integrity based on the assessment.

It was stated by a Registered Nurse (RN) during an interview on a specific date, that the resident continued to have specific areas of altered skin integrity and multiple strategies were in place. The personal support workers (PSW) would ensure that identified interventions were in place and that the resident was properly positioned. In an interview with a PSW on an identified date, it was stated that the resident required total assistance with all their care needs related to their medical diagnosis and they would reference the care plan in the team binder for resident care needs.

A RN stated that the care plan addressed a previous identified area of altered skin integrity however, that no longer applied and acknowledged the absence of goals and interventions related to the resident's current altered skin condition.

During an interview with the Administrator on a specific date, it was stated that they would expect that the plan of care in the team binder was updated to include interventions related to the resident's current skin condition.

The scope of this area of non-compliance was isolated and the severity was determined to be potential for actual harm. The home had related non-compliance in the last three years as it was previously issued as a Voluntary Plan of Correction on August 29, 2016 under inspection #2016_229213_0030. [s. 6. (10) (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 to ensure that the resident's plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

On a specific date, during stage one of the Resident Quality Inspection process, an identified resident told the Inspector that their choice for bathing was to have a tub bath twice a week on two identified days and that the home did not provide the resident their tub bath on both days. The resident further explained that they were told the equipment was not working properly.

A review of the resident's paper flow sheets at the nurse's desk on a specific floor showed that the resident had received a tub bath on an identified date. Further review of the documentation on the paper flow sheets showed that on multiple identified dates, the resident had received a bed bath on those days instead of a tub bath as per the resident's plan of care and the resident's choice.



A Personal Support Worker (PSW) said that they had provided the resident a bed bath on a specific date, as they did not have the proper equipment for the resident to assist them into the tub.

A Registered Practical Nurse (RPN) said that the resident should be bathed twice a week in the tub as per the plan of care, however staff were not able to provide the tub bath as the front line staff did not have the identified equipment that was required to safely assist the resident into the tub.

On an identified date, the Director of Resident Care (DRC) said that they had ordered the equipment from a supplier and that the equipment was provided, however they did not communicate to all the front line staff that the resident required new equipment, the type of equipment needed, and that the equipment was available.

On an identified date, the DRC said that they found the equipment on another floor and that the equipment was now available for the resident. The DRC said that they would communicate with the front line staff and the resident to ensure the resident received their tub bath as per the resident's choice and had failed to do so.

The licensee had failed to ensure that the identified resident was bathed at a minimum twice a week by the method of their choice.

The scope of this area of non-compliance was isolated and the severity was determined to be potential for actual harm. The home had no related non-compliance in the last three years. [s. 33. (1)]

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 the resident is bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.



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Issued on this 28th day of November, 2017

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

Original report signed by the inspector.