

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

Public Report

Report Issue Date: February 7, 2025

Inspection Number: 2025-1161-0001

Inspection Type:

Complaint
Critical Incident

Licensee: CVH (No. 3) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)

Long Term Care Home and City: Chelsey Park, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 29, 30, 2025 and February 3, 4, 5, 6 and 7, 2025

The following intake(s) were inspected:

- Intake: #00134601 - Critical Incident System (CIS) #2655-000056-24 concerning a resident fall with injury
- Intake: #00135456 - CIS #2655-000058-24 concerning end of life care of a resident
- Complaint intake: #00136016 concerning end of life care of a resident
- Complaint intake: #00137148 concerning pain management of a resident and issues with their mattress

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

- Infection Prevention and Control
- Palliative Care
- Pain Management
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: General requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure the home's palliative care program, the organized program required under section 12 of the Act, was updated in accordance with prevailing practice. An RN indicated that registered nursing staff were responsible to have assessed residents receiving end of life (EOL) care every two hours, but this prevailing practice was not included in the program's most recent annual evaluation.

Sources: review of a complaint, the home's palliative care program, and the palliative care program's annual evaluation, and interviews with staff.

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WRITTEN NOTIFICATION: Pain management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using the home's pain assessment instrument. A resident had been documented as expressing discomfort over two shifts. The pain assessment was not completed prior to the administration of pain medication.

Sources: review of a resident's progress notes, pain assessments, and medication administration record (MAR), and interviews with staff.

WRITTEN NOTIFICATION: Palliative care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 61 (2)

Palliative care

s. 61 (2) The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs.

The licensee has failed to ensure a resident's assessment of palliative care needs for

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their plan of care considered their physical and emotional needs. The resident's End of life (EOL) care medication orders were not included in the plan of care until hours later.

Sources: review of a complaint from a family member of a resident who received EOL care, a resident's progress notes and MAR, Palliative Performance Scale (PPS) assessments, and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.

The licensee has failed to ensure staff followed the infection prevention and control (IPAC) program when a number of residents had their care related items stored on the floor.

Sources: observation of a resident, record review of a written complaint received by the home, and staff re-training records on IPAC and catheter care, and interviews with a personal support worker (PSW), a resident, and the home's IPAC Lead.