



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

**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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 29, 2013	2013_229213_0049	L-000836-13 L-000801-13	Critical Incident System

Licensee/Titulaire de permis

DIVERSICARE VI LIMITED PARTNERSHIP
458 Glencairn Avenue, TORONTO, ON, M5N-1V7

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

CHELSEY PARK (OXFORD) NURSING HOME
310 OXFORD STREET WEST, LONDON, ON, N6H-4N6

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

RHONDA KUKOLY (213)

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): October 24 & 25, 2013

This inspection was completed related to 3 critical incidents:

L-000788-13 CI #2655-000037-13

L-000801-13 CI #2655-000032-13

L-000836-13 CI #2655-000042-13

During the course of the inspection, the inspector(s) spoke with a Resident, a Family member, a Personal Support Worker, a Registered Practical Nurse, three Registered Nurses, an Assistant Director of Care and the Director of Care.

During the course of the inspection, the inspector(s) made observations and reviewed health records, policies and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 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).

Findings/Faits saillants :



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1. The licensee failed to ensure that the resident is re-assessed and the plan of care 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; specifically:

a) A Resident had a procedure and a change in condition . This resident was not comprehensively reassessed the plan of care was not comprehensively revised.

b) A second Resident had a procedure and a change in condition. The second resident was not comprehensively reassessed the plan of care was not comprehensively revised.

c) The Director of Care and a Registered Nurse confirmed that it is an expectation that residents are re-assessed and the plan of care revised following a change in condition and had not been for both of these residents.[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 is re-assessed and the plan of care 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.

Issued on this 29th day of October, 2013

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

Rhonda Kukoly