

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: March 13, 2024	
Inspection Number: 2024-1034-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Copper Terrace Limited	
Long Term Care Home and City: Copper Terrace, Chatham	
Lead Inspector Rhonda Kukoly (213)	Inspector Digital Signature
Additional Inspector(s) Terri Daly (115) Ina Reynolds (524)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 5, 6, 7, 8, 11, 2024
The inspection occurred offsite on the following date(s): March 7, 2024

The following intake(s) were inspected:

- Intake: #00109806 - Proactive Compliance Inspection - 2024

Renee Renaud was also present during this inspection.

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

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

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

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,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

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The licensee has failed to ensure that the plan of care for a resident was reviewed and revised when the resident's care needs changed.

Summary and Rationale

A resident was observed receiving total assistance with a meal and a Personal Support Worker stated the resident's need for assistance had recently increased. The resident's care plan and kardex indicated supervision and set up only.

The Culinary Manager acknowledged the care plan was not revised at the time the resident's care needs had changed, and the care plan was then updated. There was low risk to the resident at the time of the observation.

Sources: Observations, resident record review and staff interviews. [524]

Date Remedy Implemented: March 6, 2024

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan.

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Rationale and Summary

An assessment for a resident indicated the resident required adaptive aides; however, the resident was observed not having those aides in place, presenting a risk to the resident. The Culinary Manager acknowledged that the resident should have had the adaptive aids in place.

Sources: Observations, resident record review and staff interviews. [524]

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

3. The home's Medical Director.

The licensee has failed to ensure that the continuous quality improvement committee included the home's Medical Director.

Rationale and Summary

The last three Quality Improvement (QI) meeting minutes did not include attendance by the Medical Director. The Executive Director said that they have a QI committee, but the Medical Director attended the Professional Advisory Committee meetings, where the same data and indicators were reviewed, but did not attend QI meetings.

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The QI policy stated the organization will have a QI Committee under the supervision of the Vice President of Quality and Innovation but did not indicate who the committee needed to be comprised of. Input from all required persons was not obtained when developing quality improvement initiatives in the home, when there wasn't a QI committee with the required membership.

Sources: QI meeting minutes, QI policy, and staff interview. [213]

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee has failed to ensure that the continuous quality improvement committee included the home's Registered Dietitian (RD).

Rationale and Summary

The last three Quality Improvement (QI) meeting minutes did not include attendance by the RD. The Executive Director said that they have a QI committee, but the RD attended the Professional Advisory Committee meetings, where the same data and indicators were reviewed, but did not attend QI meetings.

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Sources: QI meeting minutes, QI policy, and staff interview. [213]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that the continuous quality improvement committee included the home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

Rationale and Summary

The last three Quality Improvement (QI) meeting minutes did not include attendance by the home's pharmacy service provider or pharmacist. The Executive Director (ED) said that they have a QI committee, but the pharmacy provider/pharmacist attended the Professional Advisory Committee meetings, where the same data and indicators were reviewed, but did not attend QI meetings.

Sources: QI meeting minutes, QI policy, and staff interview. [213]

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WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

The licensee has failed to ensure that the continuous quality improvement committee included at least one employee of the licensee who was a member of the regular nursing staff of the home.

Rationale and Summary

The last three Quality Improvement (QI) meeting minutes did not include attendance by a registered nursing staff member. The Executive Director said that they have a QI committee, but a registered nursing staff member was not included due to staffing challenges.

Sources: QI meeting minutes, QI policy, and staff interview. [213]

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WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the continuous quality improvement committee included at least one employee of the licensee who had been hired as a personal support worker (PSW) or provided personal support services in the home.

Rationale and Summary

The last three Quality Improvement (QI) meeting minutes did not include attendance by a PSW. The Executive Director said that they have a QI committee, but a PSW had not been included thus far.

Sources: QI meeting minutes, QI policy, and staff interview. [213]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee has failed to ensure that the continuous quality improvement committee included one member of the home's Residents' Council.

Rationale and Summary

The last three Quality Improvement (QI) meeting minutes did not include attendance by a member of the Residents' Council. The Executive Director said that they have a QI committee, but no residents had participated in the QI program thus far.

Sources: QI meeting minutes, QI policy, and staff interview. [213]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

10. One member of the home's Family Council, if any.

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The licensee has failed to ensure that the continuous quality improvement committee included one member of the home's family council.

Rationale and Summary

The most recent Quality Improvement (QI) meeting minutes included attendance by a member of the family council; however, a family member did not attend the two prior meetings. The Executive Director said that they have a QI committee, and a family member attended the most recent meeting, but had not been invited prior to that meeting.

Sources: QI meeting minutes, QI policy, and staff interview. [213]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure a report was prepared on the continuous quality improvement initiative for the home for each fiscal year, no later than three months after the end of the fiscal year and published a copy of each report on its website.

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Rationale and Summary

The home's website included the Health Quality Ontario Quality Improvement Plan Narrative and Workplan for 2015/2016. There was no other Quality Improvement (QI) report posted on the home's website. The Executive Director (ED) said that they created a strategic plan, that included QI initiatives, but did not create the report required in Ontario Regulation 246/22 s. 168 (1) and (2).

The QI policy did not include any direction or mention of the requirement to create a report or publish it on the home's website. There was risk that all required improvements were not addressed or followed up on when the home did not create the required QI Initiative report.

Sources: Copper Terrace 2023-2024 strategic plan, QI policy, and staff interview.
[213]