

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 25, 2025

Inspection Number: 2025-1034-0001

Inspection Type:

Critical Incident
Follow up

Licensee: Copper Terrace Limited

Long Term Care Home and City: Copper Terrace, Chatham

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 20, 21, 24, 25, 2025

The following intake(s) were inspected:

- Intake: #00136138 - Follow-up. Compliance Order (CO) # 005 - Related to evaluation Compliance Due Date (CDD): February 6, 2025.
- Intake: #00136139 - Follow-up. CO #004. - Related to police notification. CDD: February 6, 2025.
- Intake: #00136140 - Follow-up. CO #002 - Related to licensee must investigate, respond, and act. CDD: February 6, 2025.
- Intake: #00136141 - Follow-up. CO #003 - Related to reporting certain matters to the Director. CDD: February 6, 2025.
- Intake: #00136142 - Follow-up. CO# 001 - Related to duty to protect. CDD: February 6, 2025.
- Intake: #00137344 - related to a resident fall that resulted in an injury.
- Intake: #00138218 - related to an outbreak.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

- Order #005 from Inspection #2024-1034-0006 related to O. Reg. 246/22, s. 106 (a)
- Order #004 from Inspection #2024-1034-0006 related to O. Reg. 246/22, s. 105
- Order #002 from Inspection #2024-1034-0006 related to FLTCA, 2021, s. 27
- Order #003 from Inspection #2024-1034-0006 related to FLTCA, 2021, s. 28 (1) 2.
- Order #001 from Inspection #2024-1034-0006 related to FLTCA, 2021, s. 24 (1)

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Reporting and Complaints
- 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

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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; or

The licensee failed to ensure that resident #001's plan of care was updated when they no longer required an intervention. Resident #001 was observed in the home on February 20 and 21, 2025, without the use of the intervention. Staff shared that the resident's condition had improved, and they no longer required that intervention and that resident #001's plan of care should have been updated.

The plan of care was updated on February 21, 2025.

Sources: Resident #001's clinical record, observations, and interviews with staff.

Date Remedy Implemented: February 21, 2025