

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 3, 2019	2019_704682_0033	020896-19	Complaint

Licensee/Titulaire de permis

Henley House Limited
200 Ronson Drive Suite 305 TORONTO ON M9W 5Z9

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

The Henley House
20 Ernest Street St. Catharines ON L2N 7T2

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

AILEEN GRABA (682)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 20, 21, 22, 26, 27, 2019.

**The following Complaint inspection was conducted:
020896-19 related to plan of care, skin and wound, infection prevention and control.**

**The following Critical Incident inspections 2019_704682_0032 were conducted concurrently :
016606-19 related to falls prevention
020558-19 related to falls prevention**

**The following Compliance Order follow up 2019_704682_0032 was conducted concurrently:
012047-19 related to policies.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Housekeeping staff, Registered Staff and Personal Support Workers (PSW),

During the course of the inspection, the inspector(s) toured the home; reviewed investigative notes, staffing schedules, resident health records; meeting minutes, policies and procedures, complaints logs, Critical Incident System (CIS) submissions; observed residents and provision of care.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Hospitalization and Change in Condition
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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>Légende</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. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that resident's #003 equipment was kept clean and sanitary.

A complaint log was submitted to the Director .

A review of the 'Point of Care" (POC) electronic documentation system and resident's #003 clinical record included a task. Further review of the Follow Up Question Report indicated staff #108 documented 'not applicable' in relation to the task.

During an interview staff #108 stated that they did not clean resident's #003 equipment on an identified date. Staff #108 stated that was why they had documented 'not applicable'. During an interview , the Director of Care (DOC) stated they expected staff to complete the task as assigned and use a low level disinfectant product that was available in the home. The home did not ensure that resident's #003 equipment was kept clean and sanitary. [s. 15. (2) (a)]

Issued on this 3rd day of December, 2019

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

Original report signed by the inspector.