

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 24, 2020	2020_722630_0012	015052-20	Other

**Licensee/Titulaire de permis**

DTOC Long Term Care LP, by its general partner, DTOC Long Term Care MGP (a general partnership) by its partners, DTOC Long Term Care GP Inc. and Arch Venture Holdings

161 Bay Street, Suite 2100 TD Canada Trust Tower TORONTO ON M5J 2S1

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

Regency Park Long Term Care Home  
567 Victoria Avenue WINDSOR ON N9A 4N1

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

AMIE GIBBS-WARD (630), KRISTEN MURRAY (731)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): July 23, 2020.

During the course of this inspection the following intakes were inspected related to the home's pain management policies and procedures:

**Log #015052-20**

This inspection was completed as a follow-up to CO#001 from inspection #2019\_722630\_0036 regarding s. 8. (1), with a compliance due date of April 30,

**2020. This follow-up was required to determine compliance as a condition of the license, after a licensee transfer on January 1, 2020.**

**During the course of this inspection the following order was complied:**

**Pursuant to the O. Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and (b) is complied with.**

**Order:**

**The licensee must be compliant with O.Reg. 79/10, s. 8 (1).**

**Specifically the licensee must:**

- a) Review and revise the home's pain management policy to ensure it provides clear direction on the procedures for how and when to monitor residents for pain and for monitoring the effectiveness of pain interventions. The revision must include clearer direction for staff regarding the process for completing and documenting the daily pain screening. The home must keep a documented record of this review.**
- b) Conduct a trial of the revised policy to ensure it provides clear direction for staff and meets the goals of the home's pain management program. The home must keep a record of the trial.**
- c) Train all registered nursing staff working in the home on the revised pain management policy. The home must keep a documented record of the education provided including who provided the education, when it was provided and the materials that were covered during the education.**
- d) Develop and fully implement an auditing process to ensure the revised pain management policy is being complied with by staff in the home. This auditing process must be documented including the auditing schedule, the names of the staff conducting the audit, the residents who have been audited, the results of the**

audit, and what was done with the results of the audit.

e) Ensure the revised pain management policy is fully implemented to ensure that residents #002 and #003, or any other resident in the home, is being monitored and assessed for pain in accordance with the home's policy and procedures.

During the course of the inspection, the inspector(s) spoke with the Director of care (DOC), Registered Practical Nurses (RPNs) and residents.

The inspectors also observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed relevant policies and procedures of the home and reviewed records of staff training.

The following Inspection Protocols were used during this inspection:  
Pain

During the course of this inspection, Non-Compliances were not issued.

0 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>

**Issued on this 24th day of July, 2020**

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

**Original report signed by the inspector.**