

**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**Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 19, 2019	2019_560632_0027	020983-19	Complaint

Licensee/Titulaire de permisRegency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as
General Partner
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1**Long-Term Care Home/Foyer de soins de longue durée**Chartwell Willowgrove Long Term Care Residence
1217 Old Mohawk Road ANCASTER ON L9K 1P6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

YULIYA FEDOTOVA (632)

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): December 9, 10, 11, 12, 13, 2019.

**The following Complaint inspection was completed:
log #020983-19 - related to staffing.**

**Critical Incident System (CIS) inspection #2019_560632_0028 was conducted
concurrently with this inspection:
log #018898-19 - related to prevention of abuse and neglect, responsive behaviors.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Director of Care #1, Director of Care #2, Nursing Unit Clerk, Staff Scheduler, PSWs,
registered nurses (RNs), residents and their families.**

**During the course of the inspection, the inspector(s) observed the provision of
care and services, reviewed documentation, including, clinical health records,
policies and procedures.**

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

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. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that at least one registered nurse (RN) who was both an employee of the licensee and a member of the regular staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

A complaint was submitted to the Ministry of Long-Term Care (MOLTC) indicating there was no registered nurse on site on identified dates in October 2019, for the night shift that was employed by the home.

During the inspection, review the home's Registered Nursing Staff Schedule identified period from October to December 2019, identified that on identified dates in October 2019, at identified period of time, there were agency RNs and no regular RN employed by the home scheduled, which was confirmed by the Staff Scheduler #103 and the DOC #101.

The home failed to ensure that at least one RN who was the both an employee of the licensee and a member of the regular staff of the home was on duty and present in the home on identified dates in October 2019, during night shift. [s. 8. (3)]

Issued on this 20th day of December, 2019

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

Original report signed by the inspector.