



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection 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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## **Public Copy/Copie du public**

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| <b>Report Date(s) /<br/>Date(s) du rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Dec 6, 2016                                    | 2016_328571_0030                              | 021807-16                      | Follow up  |

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### **Licensee/Titulaire de permis**

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as  
General Partner  
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Wynfield Long Term Care Residence  
451 Woodmount Drive OSHAWA ON L1G 8E3

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

PATRICIA MATA (571)

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



**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): November 1, 2, and 3, 2016.**

**During this follow up inspection the following Critical Incident Logs related to alleged abuse were inspected:  
014266-16; 024421-16; 014246-16; 031594-16;031599-16; 031588-16; and 031597-16.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Behaviour Support Ontario Personal Support Worker, Environmental Services Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents.**

**During the this inspection Inspector #571 reviewed the clinical records, administrative records and policies.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

**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)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**



| REQUIREMENT/<br>EXIGENCE                 | TYPE OF ACTION/<br>GENRE DE MESURE | INSPECTION # /<br>DE L'INSPECTION | NO | INSPECTOR ID #/<br>NO DE L'INSPECTEUR |
|--|------------------------------------|-----------------------------------|----|---------------------------------------|
| LTCHA, 2007 S.O.<br>2007, c.8 s. 19. (1) | CO #001                            | 2016_327570_0011                  |    | 571                                   |

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend  | Legendé  |
|---|--|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order   | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>WAO – Ordres : travaux et activités  |
| 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). | 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. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.   | Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.  |

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 305. Construction, renovation, etc., of homes**

**Specifically failed to comply with the following:**

**s. 305. (3) A licensee may not commence any of the following work without first receiving the approval of the Director:**

- 1. Alterations, additions or renovations to the home. O. Reg. 79/10, s. 305 (3).**
- 2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents. O. Reg. 79/10, s. 305 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that it did not commence any alterations, additions or renovations to the home without first receiving the approval of the Director.

RE: CI LOG 024421-16:

A Critical Incident was submitted to the Director for an unrelated incident occurring during 2016. During the course of that inspection, it became evident that the home had carried out renovations to a resident area.

A review of the progress notes for resident #001 indicated that on three specified dates, resident #001 expressed that the renovations were distressing and inconvenient.

In an interview with inspector #571 on November 1, 2016, the Environmental Services Manager (ESM) indicated that the licensee had completed extensive repairs to a specified resident area. The repairs took five days and the area was rendered unusable for all five days.

Therefore, the licensee failed to receive approval from the Director (MOHLTC) before commencing renovations on the resident area. [s. 305. (3) 1.]

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**Issued on this 6th day of December, 2016**

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

**Original report signed by the inspector.**