



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 16, 21, 2017	2017_538144_0006	035493-16	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Royal Oak Long Term Care Residence
1750 Division Road North KINGSVILLE ON N9Y 4G7

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

CAROLEE MILLINER (144)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 26, 27, 2017 and February 9, 2017

This complaint inspection is related to continence care and bowel management, bathing, nursing and support services.

During the course of the inspection, the inspector(s) spoke with four residents, the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), the Scheduler/Resident Care Clerk, one Registered Nurse, one Registered Practical Nurse and seven Personal Support Workers (PSW).

During the course of the inspection, the inspector(s) reviewed twenty resident clinical records, the home's call-in procedure, working short directive, bed bath routine, Nursing and Personal Care staffing evaluation, the 24 hour shift report for a specific time period and the call bell response logs for a specified date.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Personal Support Services
Sufficient Staffing**

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

1 WN(s)

1 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>Legendé</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 O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as



determined by the resident's hygiene requirements.

Review of resident clinical records revealed that during one specified week, five residents were provided with one bath and that the phrase "not applicable" was documented in their electronic records during the same week.

The DOC explained that the phrase "not applicable" indicated that the electronic records and the hard copy of resident bath lists differed and the residents would have been bathed on an alternate date.

Four PSW's stated that the phrase "not applicable" meant that the resident did not receive their bath on that date. The four identified PSW's further acknowledged that a resident's bath refusal would be identified in the electronic record as "refused," and that missed baths were recorded on the missed bath calendar and or the 24 hour shift report sheets.

The four PSW's further acknowledged that missed baths were rescheduled as quickly as possible on the same date or the following day.

The clinical records for five identified residents did not include documentation related to the residents refusing one or more baths during the time period reviewed.

The care plans for the identified five residents did not include the resident's bath frequency. The DOC stated that residents being bathed twice a week was a Ministry requirement, the home had not developed a bathing policy, and the resident bath lists were considered the residents plan of care.

Five resident home areas (RHA) missed bath calendars were reviewed for the month of the identified time period. The names of the five identified residents were not recorded on the calendars as the residents having missed a bath.

The 24 hours shift report forms were reviewed for five RHA's for the time period reviewed. The names of the five identified residents were not recorded as having refused or missed a bath during the review period.

The DOC shared it is "an assumption" that the phrase "not applicable" means if the bath was not completed according to the bath list and the electronic system says a day other than the bath list, staff would document "not applicable" in the electronic system.



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The DOC stated that the registered staff were responsible for rescheduling resident baths when missed and that they would not report missed baths to management unless there had been a problem rescheduling them.

Based on the information gathered, there is no record of the five identified residents having been provided with two baths during the time period of review.

The scope of this issue was isolated. The severity of the issue was minimal harm or potential for actual harm.

The home has a history of non-compliance with this section of the regulation as it was previously issued as a Voluntary Plan of Correction (VPC) on August 11, 2015. [s. 33. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, to be implemented voluntarily.

Issued on this 22nd day of February, 2017

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

Original report signed by the inspector.