

**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du rapport public**

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<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 13, 2021	2021_791739_0025	025675-20, 025676-20	Follow up

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**Licensee/Titulaire de permis**

Chartwell Master Care LP  
7070 Derrycrest Drive Mississauga ON L5W 0G5

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**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

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

JULIE DALESSANDRO (739), CASSANDRA TAYLOR (725), DEBRA CHURCHER (670)

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

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

**This inspection was conducted on the following date(s): June 8, 9, 10, 11, 14, 15, 16, 17, 18, 21, 22, 23, and 24, 2021.**

**During the course of this inspection the following intakes were completed related to falls prevention and management:**

**Log #025675-21- Follow-up to CO#001 from inspection #2020\_563670\_0035 / 023078 -20, 023682-20, 023822-20 regarding r. 8. (1), CDD Apr 12, 2021**

**Log #025676-21- Follow-up to CO#002 from inspection #2020\_563670\_0035 / 023078 -20, 023682-20, 023822-20 regarding r. 107. (3), CDD Apr 12, 2021**

**During the course of the inspection, the inspector(s) spoke with Resident(s), a scheduler, Registered Practical Nurse(s), Registered Nurse(s), the Assistant Director of Care, Director of Care, and Administrator.**

**During the course of this inspection the inspector(s) also conducted observations and record review relevant to the inspection.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention**

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

**1 WN(s)**

**0 VPC(s)**

**1 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:**

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

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 107. (3)	CO #002	2020_563670_0035		670

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 8. Policies, etc., to be followed, and records**

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

**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 O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

The licensee had failed to comply with CO #001 when they failed to ensure that they followed their policy related to their falls prevention program when resident #001, #002, #003, #005, and #007 experienced falls.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A falls prevention and management program to reduce the incidence of falls and the risk of injury."

The home's policy related to falls prevention stated, a specific assessment would be initiated for 48 hours if a suspected unwitnessed fall occurred unless otherwise directed by the attending physician.

1) Resident #001, #003, #007, had falls which required specific assessments to be initiated however, they were not completed as per policy.

2) Resident #002 and #005 had falls which required specific assessments to be initiated however, the Inspector was unable to locate, and the home was unable to provide, any documentation related to the assessments for both residents.

Review of the home's education related to the specific assessment showed that four Registered Nurses and two Registered Practical Nurses had not signed that the education was completed. During interviews with registered staff members #106 and #107 they stated that they had not completed any education related to falls prevention or the specific assessment in the last year.

Review of the home's fall audits showed that audits had not been completed for the week of May 24, 2021, and the audits that were completed for other weeks did not include any deficiencies or corrective actions taken.

During an interview with the Assistant Director of Care (ADOC) they stated that they were only auditing if the specific assessment had been initiated but were not auditing to ensure they were being completed as per the policy and therefore had not identified deficiencies and had not taken corrective actions. The ADOC shared that they had taken over the education component and had not checked to ensure that all the registered staff had completed the required education.

Not following the policy related to falls prevention and management placed resident #001, #002, #003, #005, and #007 at risk for an undiagnosed and delayed diagnosis of a change in condition.

Sources: Resident #001, #002 and #003, #005, and #007's clinical records, the homes policy related to falls prevention and management and interview with the ADOC #101.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 14th day of July, 2021**

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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Long-Term Care Inspections Branch

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Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JULIE DALESSANDRO (739), CASSANDRA TAYLOR  
(725), DEBRA CHURCHER (670)

**Inspection No. /**

**No de l'inspection :** 2021\_791739\_0025

**Log No. /**

**No de registre :** 025675-20, 025676-20

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Jul 13, 2021

**Licensee /**

**Titulaire de permis :** Chartwell Master Care LP  
7070 Derrycrest Drive, Mississauga, ON, L5W-0G5

**LTC Home /**

**Foyer de SLD :** Chartwell Royal Oak Long Term Care Residence  
1750 Division Road North, Kingsville, ON, N9Y-4G7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Nicole Ross

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To Chartwell Master Care LP, you are hereby required to comply with the following  
order(s) by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

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**Order # /**

**No d'ordre :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /** 2020\_563670\_0035, CO #001;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

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. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with O. Reg. 79/10 r. 8.(1). (b).  
Specifically,

A) The licensee must ensure that the home's policy related to falls prevention is complied with.

B) The licensee must ensure that the Director of Care or designate provides re-training to all Registered Nurses and Registered Practical Nurses, who had not completed it by the first compliance due date of April 12, 2021, related to the home's policy on completing specific assessments for all residents that experience a fall when the fall is unwitnessed.

C) The licensee must ensure that the Director of Care or designate keeps a record of the training that indicates the content of the training, the staff members name that received the training and the date the training was completed.

D) The licensee must ensure that the Director of Care or designate completes weekly audits of three falls (if available) to ensure that, if required, specific assessments are being completed as per the homes policy. The audits will be completed for three months or until such time as compliance is achieved.

E) The licensee must ensure that the Director of Care or designate keeps records of the audits completed, any deficiencies noted and any corrective actions taken related to identified deficiencies.

**Grounds / Motifs :**

1. Compliance order #001 related to O. Reg. 79/10 r. 8(1)(b) from inspection #2020\_563670\_0035 issued on December 23, 2020, with a compliance due date of April 12, 2021, is being re-issued. The home was ordered to:

A) Ensure that the home's policy related to falls prevention was complied with.

B) Ensure that all Registered Nurses and Registered Practical Nurses received re-training on the home's policy related to completing specific assessments for all residents that experienced an unwitnessed fall.

C) Keep a record of the training that indicated the content of the training, the staff members name that received the training and the date the training was completed.

D) Complete weekly audits of three falls (if available) to ensure that, if required,



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specific assessments were being completed as per the homes policy. The audits should have been completed for three months or until such time as compliance was achieved.

E) Keep records of audits completed, any deficiencies noted, and any corrective actions taken related to identified deficiencies.

The licensee had failed to comply with CO #001 when they failed to ensure that they followed their policy related to their falls prevention program when resident #001, #002, #003, #005, and #007 experienced falls.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A falls prevention and management program to reduce the incidence of falls and the risk of injury."

The home's policy related to falls prevention stated, a specific assessment would be initiated for 48 hours if a suspected unwitnessed fall occurred unless otherwise directed by the attending physician.

1) Resident #001, #003, #007, had falls which required specific assessments to be initiated however, they were not completed as per policy.

2) Resident #002 and #005 had falls which required specific assessments to be initiated however, the Inspector was unable to locate, and the home was unable to provide, any documentation related to the assessments for both residents.

Review of the home's education related to the specific assessment showed that four Registered Nurses and two Registered Practical Nurses had not signed that the education was completed. During interviews with registered staff members #106 and #107 they stated that they had not completed any education related to falls prevention or the specific assessment in the last year.

Review of the home's fall audits showed that audits had not been completed for the week of May 24, 2021, and the audits that were completed for other weeks did not included any deficiencies or corrective actions taken.

During an interview with the Assistant Director of Care (ADOC) they stated that

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2007, chap. 8

they were only auditing if the specific assessment had been initiated but were not auditing to ensure they were being completed as per the policy and therefore had not identified deficiencies and had not taken corrective actions. The ADOC shared that they had taken over the education component and had not checked to ensure that all the registered staff had completed the required education.

Not following the policy related to falls prevention and management placed resident #001, #002, #003, #005, and #007 at risk for an undiagnosed and delayed diagnosis of a change in condition.

Sources: Resident #001, #002 and #003, #005, and #007's clinical records, the homes policy related to falls prevention and management and interview with the ADOC #101.

An order was made by taking the following factors into account:

Scope: 5/5 residents did not have specific assessments complete after a fall

Severity: This issue was widespread as the home did not follow their policy related to falls prevention and management for resident #001, #002, #003, #005, and #007.

Compliance History: The licensee continues to be in non-compliance O. Reg. 79/10 r. 8(1)(b), resulting in a compliance order (CO) being re-issued. CO #001 was issued on December 23, 2020 (inspection #2020\_563670\_0035) with a compliance due date of April 12, 2021. In the past 36 months the licensee was also found to be non-complaint with O.Reg79/10 r.8 and two voluntary plans of correction were issued.

(670)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Aug 16, 2021

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

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foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term  
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foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 13th day of July, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Julie DAlessandro

**Service Area Office /**

**Bureau régional de services :** London Service Area Office