



**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 prévue
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 # / No de registre	Type of Inspection / Genre d'inspection
Jan 7, 2019	2018_674610_0023	006498-18, 007501- 18, 008453-18, 017556-18, 019842- 18, 019934-18, 023851-18, 024128- 18, 025451-18, 026861-18	Critical Incident System

Licensee/Titulaire de permis

Henley Place Limited
200 Ronson Drive Suite 305 TORONTO ON M9W 5Z9

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

Henley Place
1961 Cedarhollow Boulevard LONDON ON N5X 0K2

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

NATALIE MORONEY (610), HELENE DESABRAIS (615)

Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Critical Incident System
inspection.**

**This inspection was conducted on the following date(s): November 27, 28, 29, 30,
and December 3, 4, 5, 6, 7, 2018**



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The following intakes were inspected concurrently while in the home completing these Critical Incidents inspection:

Log #026104-17 Inspection #2018_674610_0024 Complaint info-line IL-54102-LO, related to personal support services.

Log #026398-18 Inspection #2018_674610_0024 Complaint info-line IL-60415-LO, related to care concerns.

Log #002314-18 Inspection #2018_674610_0024 Complaint info-line IL-55252-LO, related to personal support services.

Log #005838-17 Inspection #2018_674610_0024 Complaint info-line IL-49871-LO, related to allegation of abuse and neglect.

Log #023554-18 Inspection #2018_674610_0024 related to allegation of abuse and neglect.

Log #006791-18 Inspection #2018_674610_0024 Complaint info-line IL-56330-LO, related to personal support services.

Log #011396-18 Inspection #2018_674610_0024 Complaint info-line IL-57148-LO, related to personal support services.

Log #014302-18 Inspection #2018_674610_0024 Complaint info-line IL-57483-LO, related to personal support services.

Log #023554-18 Inspection #2018_674610_0024 Complaint related to allegation of abuse and neglect.

Log #030913-18 Inspection #2018_674610_0024 Complaint info-line IL-61977-LO, related to personal support services.

Log #030988-18 Inspection #2018_674610_0024 Complaint info-line IL-61990-LO, related to skin and wound management.

Log #019934-18 Inspection #2018_674610_0024 Critical Incident System #3045-000031-18, related to falls prevention and management.

Log #025451-18 Inspection #2018_674610_0024 Critical Incident System #3045-000040-18, related to falls prevention and management.

Log #008453-18 Inspection #2018_674610_0024 Critical Incident System #3045-000023-18, related to prevention of abuse and neglect.

Log #009378-18 Inspection #2018_674610_0024,Critical Incident System #3045-000031-18, related to personal support service

Log #023851-18 Inspection #2018_674610_0025 Critical Incident System #3045-000036-18, related to medication management.

Log #024128-18 Inspection #2018_674610_0025 Critical Incident System #3045-000035-18, related to medication management.

Log #007501-18 Inspection #2018_674610_0025 Critical Incident System #3045-000011-18, related to infection prevention and control.



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Log #006498-18 Inspection #2018_674610_0025 Critical Incident System #3045-000007-18, related to infection prevention and control.

Log #019842-18 Inspection #2018_674610_0025 Critical Incident System #3045-000030-18, related to responsive behaviours.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Associate Director of Care(s), Registered Nurses, Registered Practical Nurses, Personal Support Workers, Behavioural Supports Ontario (BSO), Director of Clinical Services, Physiotherapist, Social Worker, Registered Dietitians, family members and resident's.

The inspector(s) also made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) medication storage areas, resident/staff interactions, infection prevention and control practices, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Medication

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)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 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 :

1. The licensee has failed to ensure that where the Act or the Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

The home submitted two Critical Incident System (CIS) report to the Ministry of Health and Long Term Care (MOHLTC) related misappropriation of a controlled medication substance on two identified occasions.

On two specific date the registered staff documented that a controlled substance could not be found.

A review of the home's policy #3.13-1 "Dermal Patches" stated that each shift the registered staff member is to check that the dermal patch is in place and sign on the eMAR to indicate that they have assessed the patch and it remains in place.

A review of the home's investigation revealed on three identified days, and six records of documentation showed that the controlled medication substance could not be found.

During an interview the DOC and Nurse both stated that the home's expectation was that the controlled medication substance should be monitored on every shift as per the home's policy.



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Issued on this 14th day of January, 2019

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

Original report signed by the inspector.