

**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  
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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>
Mar 28, 2022	2022_917213_0006	018198-21, 020579- 21, 001268-22	Complaint

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**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**

RHONDA KUKOLY (213), STEPHANIE MORRISON (721442)

**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): February 17, 18, 22, 23, 24, 25, 28, March 1, 2, 3, 4, 2022.**

**The following intakes were completed during this complaint inspection:  
Log #018198-21, an anonymous complaint regarding care concerns  
Log #020579-21 and log #001268-22, a family complaint regarding care concerns**

**This inspection was completed while concurrently completing critical incident inspection #2022\_917213\_0005.**

**During the course of the inspection, the inspector(s) spoke with the Vice President of Primacare Living, the Executive Director, the Acting Director of Care, two Associate Directors of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, a Housekeeper, residents and families.**

**The inspectors also made observations and reviewed health records, communications in the home, policies and procedures, internal investigation records and other relevant documentation.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Infection Prevention and Control  
Medication  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Skin and Wound Care**

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

**2 WN(s)  
2 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. 6.  
Plan of care**

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

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's plan of care set out clear direction to staff.

A resident's plan of care did not include written direction on the level of assistance required for bathing. This was confirmed by a staff member, who said such direction should have been included. This created a risk that the resident did not receive the level of assistance required to meet their bathing needs.

Sources: A resident's health record, and staff interviews.

A compliance order related to LTCHA s. 6(1)(c), clear direction in the plan of care, was issued in the concurrently completed critical incident inspection #2022\_917213\_0005. [s. 6. (1) (c)]

2. The licensee has failed to ensure that two residents were re-assessed, and their bathing plans of care were reviewed and revised when the care set out in these plans were not effective.

Two residents' care plan interventions were not effective in meeting their bathing needs and neither was reassessed or had their care plans revised to meet their needs. This was confirmed by staff of the home, who said that the residents should have been reassessed and their care plans revised when they were not effective.

Sources: A complaint received by the MLTC, health records of two residents, and interviews with a resident, and staff interviews. [s. 6. (10) (c)]

***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 residents are reassessed and their bathing plans of care reviewed and revised when the care set out in these plans are not effective, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

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

**s. 50. (2) Every licensee of a long-term care home shall ensure that,  
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

**(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**

**(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**

**(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**

**(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's impaired skin integrity received a skin assessment by a registered nursing staff member using a clinically appropriate assessment instrument designed for skin and wound assessment, received a reassessment with the same instrument at least weekly, and was assessed by a registered dietitian (RD).

A resident had impaired skin integrity and staff stated that an assessment would be completed to assess any residents' impaired skin integrity initially and weekly thereafter until the area was healed. They also said that a Dietary Request/Referral Form would be completed to notify the RD for assessment. Initial and weekly assessments were not completed for the resident and the resident was not assessed by an RD related to impaired skin integrity. There was risk for resident's impaired skin integrity to worsen when it was not assessed appropriately.

Sources: A complaint received by the MLTC, a resident's health record, and staff interviews. [s. 50. (2) (b)]

***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 residents with impaired skin integrity receive a skin assessment by a registered nursing staff member using a clinically appropriate assessment instrument designed for skin and wound assessment, receive a reassessment with the same instrument at least weekly, and is assessed by a registered dietitian, to be implemented voluntarily.***

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**Issued on this 29th day of March, 2022**

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

**Original report signed by the inspector.**