

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: February 4, 2025

Inspection Number: 2025-1473-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Henley Place Limited

Long Term Care Home and City: Henley Place, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 27, 28, 29, 30, 31, 2025 and February 3, 4, 2025

The following intake(s) were inspected:

- Intake #00137649 - Proactive Compliance Inspection - 2025

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Pain Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that doors leading to non-residential areas were kept closed and locked when not supervised by staff.

During the Proactive Compliance Inspection, the inspector found several doors leading to non-residential areas unsecured in different home areas.

The doors were promptly secured by the home when it was brought to their attention. There was minimal risk to residents' safety.

Sources: Inspector observation.

Date Remedy Implemented: January 28, 2025

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WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure that the provision of care set out in the plan of care for three residents were documented.

Three residents bathing documentation indicated that they did not get their baths twice per week as scheduled in November 2024, December 2024, and January 2025. There were no documentations to indicate if the baths were missed or provided.

During interview with the Director of Care, they said the baths were provided but not documented.

By not documenting care, the licensee risked not identifying missed baths to allow strategies to be put in place to resolve any potential issues causing missed baths.

Sources: Residents Bathing Documentation Survey Reports and interview with Director of Care.

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WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee failed to ensure that the continuous quality improvement (CQI) committee had representation from an employee who was a member of the personal support worker staff in the home for at least one year.

Sources: Professional Advisory/Quality Committee meeting minutes and an interview with the Director of Care (DOC).