



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**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
Jun 28, 2017	2017_603194_0018	009960-17	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 Ballycliffe Long Term Care Residence
70 STATION STREET AJAX ON L1S 1R9

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

CHANTAL LAFRENIERE (194), KELLY BURNS (554)

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): May 24, 25, 26, 29, 30, 31 and June 1, 2017

This complaint inspection, Log #009960-17 focused on issues associated with the operation of the Family Council

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Regional Operations (DOR), Vice President of Long Term Care (VP of LTC), Chief Executive Officer/President of Chartwell Residences (CEO/President), President of Family Council (FC) and Family council members.

The inspectors reviewed relevant policies, written communication between Family Council and licensee, Quality Improvement Plan, Action Plan for Satisfaction survey, the licensee's mission, vision and value statements and Family News letters.

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

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

7 WN(s)

3 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. 62. A licensee shall co-operate with the Residents' Council, the Family Council, the Residents' Council assistant and the Family Council assistant and shall provide them with such financial and other information and such assistance as is provided for in the regulations. 2007, c. 8, s. 62..

Findings/Faits saillants :

1. The licensee failed to co-operate with the Family Council when information as provided for in the regulations was not provided.



During interview with the President of the Family Council conducted on May 31, 2017, Inspectors #194 and #554 were provided letters and e-mails between the Family Council and the Administrator. Review of the documentation was completed by Inspector #194 on June 1, 2017 and indicated the following;

- On May 19, 2016 in a letter, the Family Council requested from the licensee information about the following topics:
 - an explanation of the procedures for the timely access and testing of the generator.
 - a copy of the corrective action plan submitted to MOHLTC in response to regulatory non-compliance associated with the patio and garden area.
 - the efforts made by the licensee to act on the results of the 2015 Satisfaction Survey under section 85 of the LTCHA, 2007
 - identification of opportunities for the Family Council to provide advice to the licensee in developing and carrying out of the 2016 Satisfaction Survey.

- On May 30, 2016 a letter was sent to Administrator indicating that the information requested in May 19, 2016 had not been provided.

- On June 2, 2016 during a Family Council (FC) Meeting with Corporate representative present, the requested information from the letter dated May 19, 2017 was identified as not being provided, as reflected in the minutes of the meeting along with interview with President of the Family. Council.

- On June 10, 2016 a letter to Administrator from FC outlining the missing documentation as identified during the Family Council meeting of June 2, 2016 .

- On June 10, 2016 a letter from Administrator to FC partially addressed the concerns identified in May 19, 2016 letter. The information that was not provided to Family Council was;
 - the access and testing for the generator
 - a copy of the corrective action plan submitted to MOHLTC in response to regulatory non-compliance associated with the patio and garden area
 - identification of opportunities for the Family Council to provide advice to the licensee in developing and carrying out of the 2016 Satisfaction Survey.

- On November 7, 2016 a letter from FC to Administrator requesting the following information:
 - The licensee`s financial records related to the operation of the home including detailed



allocation, by the licensee, of MOHLTC funding and amounts paid by residents; and the financial statements/reconciliation reports relating to the home filed with MOHLTC.

- the results of the 2016 Satisfaction Survey and opportunities for the Family Council to advise the licensee of recommendations the Family Council had about the operation of the home and its quality improvement processes for the coming year.

- On November 15, 2016 the Administrator responded to the letter of November 7, 2017 and wrote;

"The home has posted the most recent audited financial report. The home will provide FC with the reports dated 2012-2015 for review in the home. A date will be set in December 2016 with both councils to also review the results of both satisfaction surveys. At this meeting both residents and families are welcome to provide feed back on developing the homes plan and in partnering to establish quality improvement goals, objectives and strategies for the coming year".

During interview with inspector #194 and #554 on May 30, 2017, the Administrator indicated that input from the Family Council had not been provided in the development of the 2016 Satisfaction Survey.

During interview with Inspector #194 and #554, The President of the Family Council indicated the Family Council was informed that since the licensee's Satisfaction Survey was corporately developed and there was no way to incorporate the Family Council input. [s. 62.]

Additional Required Actions:

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

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60.
Powers of Family Council**



Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that it responded in writing to the Family Council related to concerns or recommendations about the operation of the home. Specifically, the Family Council was concerned about the development and procedures for carrying out the Satisfaction Survey required under section 85 of the LTCHA, 2007.

Family #001 indicated that a letter by the Family Council was provided to the Administrator on June 2, 2017 related to the development and carrying out of the 2017 Satisfaction Survey. A response from the Administrator to the June 2, 2017 letter was provided, dated June 11, 2017 to the Family Council.

The June 11, 2017 response letter from the Administrator indicated detailed information related to the outlined concerns, except for the matter of why the Licensee did not seek the advice of the Family Council in the development of the 2017 Satisfaction Survey. [s. 60. (2)]

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 by ensuring that the licensee responds in writing to the Family Council related to all concerns or recommendations about the operation of the home, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 67. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months. 2007, c. 8, s. 67.



Findings/Faits saillants :

1. The licensee has failed to ensure that licensee consult regularly with the Family Council, and in any case at least every three months.

During interview with inspectors #194 and #554 on May 25 and 31, 2017 the Family Council President indicated that the Administrator had not attended a Family Council Meeting since June 2, 2016. The Family Council President provided written documentation dated January 23, 2017 where an invitation to attend the Family Council on February 7, 2017 had been declined by the Administrator.

-On January 26, 2017 a meeting was held by the Administrator to review the results of the Satisfaction Survey with family members.

Based on a review of documentation provided by the Administrator and during interviews with Inspectors May 24, 25, 30 and June 01, 2017 it was noted that information related to the operation of the home had been provided to families through posted newsletters and memo's attached to the residents' monthly billing statements. The Administrator explained that these processes were in place to facilitate the sharing of information with residents and families. However, information-sharing processes were not in place to, at least every three months consult with the Family Council. [s. 67.]

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 ensuring that the licensee consults regularly with the Family Council and in any case consults with them at least every three months, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee failed to ensure that in 2016 a survey was taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

The licensee's policy, Satisfaction Survey (#LTC-CA-WQ-100-01-08) (effective date of February 2008) provides the homes with direction on the annual process to follow for completing the annual Resident Satisfaction Survey. This policy (#LTC-CA-WQ-100-01-08) directs that annually, the Home formally elicits feedback from residents and their families through the use of the Chartwell Resident Satisfaction Survey.

Family #001, who is the Family Council President, for Chartwell Ballycliffe Long-Term



Care Residences, indicated to Inspectors #194 and #554, on May 25, 2017, that participation in the 2016 Satisfaction Survey was not afforded to all residents and or their families.

The Family Council Meeting Minutes, dated March 23, 2017, were reviewed by the inspectors. The following was documented within the minutes of this meeting and relate to the 2016 Satisfaction Survey:

There was a general discussion (at the meeting held March 23, 2017) from the floor concerning the exclusive distribution of the 2016 Chartwell Resident Satisfaction Survey to only higher functioning cognitive residents. Members expressed concerns that this excluded sixty residents and their families who speak on their behalf. There was concern expressed that this does not address the Long-Term Care Homes (LTCH) Act requirement to survey residents and their families.

On March 31, 2017, the Vice President of Long-Term Care Chartwell Retirement Residences (VP of LTC), who was in attendance at the Family Council Meeting held March 23, 2017, responded in writing to the concerns addressed to the licensee from members of the Family Council during the Family Council Meeting, (and documented within the meeting minutes). The VP of LTC indicated in his written response, to the Family Council, "that Chartwell did not ask for input from all families and loved ones in the 2016 Satisfaction Survey".

Interviews with the Administrator, the Director of Regional Operations (DOR), the VP of LTC and the Chief Executive Officer (CEO) and the President of Chartwell Residences, were completed by inspectors #194 and #554, on May 25, May 26, May 30 and May 31, 2017). The Administrator, DOR, VP of LTC and CEO and President indicated that the 2016 Satisfaction Survey was not provided to all residents and their families. The CEO and President indicated to inspectors, "that this was the procedure in place for all Chartwell Residences in 2016".

The 2016 Satisfaction Survey was only provided to residents, residing at Chartwell Ballycliffe, with a Cognitive Performance Scale (CPS) of two, meaning residents who were cognitively higher functioning, as such was the directive by Chartwell. The Administrator indicated that approximately 60 residents and or their families were not afforded participation in the 2016 Satisfaction Survey. [s. 85. (1)]

2. The licensee failed to seek the advice of the Family Council, if any, in developing and



carrying out of the 2017 Satisfaction Survey, and acting on its results.

The licensee's policy, Satisfaction Survey (#LTC-CA-WQ-100-01-08) (effective date of February 2008) provides homes with direction on the annual process to follow for completing the annual Satisfaction Survey.

The licensee's policy, Satisfaction Survey (#LTC-CA-WQ-100-01-08) further directs that the Administrator will:

- Formally elicit feedback from residents and their families through the use of the annual Chartwell Resident Satisfaction Survey;
- Review the results of the satisfaction survey and if required develop an action plan in response to the outcome;
- In preparation for the annual satisfaction survey, the Administrator will liaise with Resident and Family Councils where present to determine if there are any additional questions the councils want asked in the annual survey. This request for questions will be documented in the minutes of the Resident and Family Council meetings;
- Upon receipt of the satisfaction survey from Chartwell Head Office, the Administrator or delegate will, prepare the survey for distribution, meet with Resident and Family Councils to advise them of the survey and distribute the survey to all residents and families;
- Share the results of the satisfaction survey with Resident and Family Council and obtain input from these two groups for the action plan.

2016 Satisfaction Survey:

The Family Council President (Family #001) indicated, to Inspectors #194 and #554, on May 26, 2017 (and during a second interview on May 31, 2017) that the Family Council was not consulted about the outcome of the 2016 Satisfaction Survey, specifically in 'acting on its results'.

The Administrator indicated to inspectors, on May 30, 2017, that the 2016 Satisfaction Survey went out to forty cognitively well residents, and that the Satisfaction Survey was concluded (closed) mid-June of 2016. The Administrator indicated that the results of the Satisfaction Survey were shared with families in 'Learning Circles' on January 26, 2017.

Family #001 indicated, to inspectors, that the Administrator posted a memo, on January 06, 2017, announcing to residents and families that the 2016 Satisfaction Survey results were in. Family #001 indicated that the memo (from the Administrator) included an



invitation to residents and families to attend a meeting which was to be held on January 26, 2017, and that the purpose of said meeting was to discuss the actions that the licensee was taking to address the outcome of the survey.

Family #001 indicated to inspectors having attended the January 26, 2017 meeting, along with approximately eight other family members. Family #001 indicated the Administrator and Director of Regional Operations were in attendance at the meeting, and that they the licensee had already decided on the areas of focus, which they, the licensee, had concluded from the results of the 2016 Satisfaction Survey to be two resident experiences, "Feeling Safe and Secure" and "Feeling at Home". The licensee invited families to provide input related to the two selected "focused areas" only.

Following the January 26, 2017 meeting, family #008, who is a member of the Family Council, wrote to the Administrator, voicing displeasure as to the content and context of the meeting.

Family #001 indicated, to inspectors, that as of this time (May 31, 2017), there has been no other meetings held between the licensee and the Family Council, to discuss the outcome and or actions resulting from the 2016 Satisfaction Survey. Family #001 remains adamant that the Family Council was not consulted on acting on the results of the 2016 Satisfaction Survey.

The Administrator indicated that the meeting held on January 26, 2017 was strictly to share information, regarding resident experiences, and inform families of the two areas selected to focus on, in the upcoming year, based on information gathered from the 2016 Satisfaction Survey.

The Chief Executive Officer (CEO) and President indicated (May 31, 2017, to inspectors) that it is the licensee that decides actions to be taken, not the Family Council.

2017 Satisfaction Survey:

Family #001, who is the Family Council President, indicated to Inspectors #194 and #554, on May 31, 2017, that the licensee has not sought the advice of the Family Council, if any, in developing and carrying out the 2017 Satisfaction Survey.

Inspectors reviewed documentation provided by the Family Council Chair Person (Family #001) and the Administrator of the long-term care home; contained within this



documentation were Newsletters, for the period of November 2016, to June 2017, written by the Administrator, which were provided to residents and families. The June 2017 Newsletter contained the following information:

Administrator's Update:

- "The Resident and Family Satisfaction Survey will be coming out in June. It is a great opportunity to tell us how we are doing! The survey is different than previous years. While the residents still receive a survey, there is a separate survey for the families to complete. Families have the ability to complete the survey on line, directions are enclosed. We look forward to receiving your feedback".

The Administrator indicated, to inspectors on June 01, 2017, that the June 2017 Newsletter was sent to families at the end of May 2017 with their billing notices. The Administrator indicated that the memo, was also posted on the Resident bulletin Board, addressed to both residents and families, and that it (the memo) provides families a link to access the 2017 Satisfaction Survey.

The memo/letter identified by the Administrator was observed to be posted on the Resident bulletin Board, on June 01, 2017, by Inspector #554. The memo was dated June 2017, and was signed by the Administrator. The memo asked that residents and families take a moment to complete the survey to help the licensee understand how residents perceive life in their residences and how the licensee can improve services. The memo provided a link to access the anonymous survey and indicated that the survey will close on June 23, 2017 to allow the licensee to analyze the survey results.

Family #001 indicated, to inspectors on May 31, 2017, that he and the Family Council were unaware as to when the 2017 Satisfaction Survey will be circulated to residents and or families, and that as of May 31, 2017, the licensee has not sought the advice of Family Council in the development and or the carrying out of the 2017 Satisfaction Survey.

Family #001 indicated, to the inspectors, on June 01, 2017 having received the 2017 Satisfaction Survey by mail, from the licensee. Family #001 indicated to be displeased that the 2017 Satisfaction Survey was sent out to residents and families without any input or knowledge by the Family Council.

Interviews, with the Administrator, Director of Regional Operations (DOR), Vice President of Long-Term Care Operations, and the Chief Executive Officer (CEO) and President of



Chartwell Residences, were conducted by Inspectors #194 and #554, on May 26, May 30, May 31, and June 01, 2017), all interviewed indicated that the 2017 Resident and Family Satisfaction Survey was a new survey; the Administrator, DOR, and CEO/President indicated that the Family Council was not involved with the development of the 2017 Satisfaction Survey. [s. 85. (3)]

3. The licensee failed to ensure that actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the 2016 survey were documented and made available to the Family Council.

The licensee's policy, Satisfaction Survey (#LTC-CA-WQ-100-01-08) (effective February 2008) provides homes with direction on the annual process to follow for completing the annual satisfaction survey.

The policy, Satisfaction Survey (#LTC-CA-WQ-100-01-08) directs that:

- Annually formal feedback will be elicited from residents and families;
- Chartwell Head Office or designate will receive the completed survey results and collate the survey findings resulting forwarding them to the Home;
- The home leadership team will review the results, analyze the findings and compare the results to the previous year's results;
- The results of the Satisfaction Survey are to be shared with the Resident and Family Council; input from these two groups will be obtained.

Under LTCHA, 2007, s. 85 (1) - Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

The Administrator indicated, to Inspectors #194 and #554, on May 30, 2017, that the 2016 Satisfaction Survey was sent out to forty cognitively well residents, and concluded on or about June 13, 2016. The Administrator indicated that results of the survey were received by the licensee in December 2016, and shared with residents and families in January 2017.

Family #001, who is the Family Council President, indicated to inspectors, during an interview on May 31, 2017, that a letter was posted by the Administrator, on the Resident bulletin Board, on January 06, 2017, and that a letter was addressed to residents and



families. The letter indicated that the results of the 2016 Satisfaction Survey were available, and that a meeting was scheduled for January 26, 2017, with the purpose of the meeting was to inform residents and families of actions that the licensee was taking specific to the results of the 2016 Satisfaction Survey

Family #001 attended the January 26, 2017 meeting, along with approximately eight other family members. Family #001 indicated that the Administrator and Director of Regional Operations were in attendance at the meeting, and that they had already decided on the areas of focus, which they, the licensee, had concluded from the results of the 2016 Satisfaction Survey were to be two areas that focused on resident experiences. Family #001 indicated that the areas of focus were two resident specific experiences, "Feeling Safe and Secure" and "Feeling at Home".

Family #001 indicated, to inspectors, that the Family Council to date, have not been provided any documentation as to actions that the licensee is or has taken specific to the improvements in the long-term care home, and or to its care, services, programs and goods based on the results of the 2016 Satisfaction Survey.

The Administrator indicated to the inspectors, on May 30, 2017, that the 2016 Satisfaction Survey Action Plan had been completed by the licensee, but had not been provided and or made available to the Family Council, as the action plan was not for public viewing. The Administrator indicated it has not been her practice to provide the Family Council with a copy of the action plan based on the outcome of the Satisfaction Survey. [s. 85. (4) (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 by ensuring that
- it seeks the advice of the Family Council in developing and carrying out of any future surveys and action on its results,
-that actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the current and future surveys are documented and made available to the Family Council, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 4. Mission statement

Specifically failed to comply with the following:

s. 4. (4) At least once every five years after a mission statement is developed, the licensee shall consult with the Residents' Council and the Family Council, if any, as to whether revisions are required, and shall invite the staff of the long-term care home and volunteers to participate. 2007, c. 8, s. 4. (4).

Findings/Faits saillants :

1. The licensee failed to ensure, that at least once every five years after a mission statement is developed, the licensee shall consult with the Residents' Council and the Family Council, if any, as to whether revisions are required, and shall invite the staff of the long-term care home and volunteers to participate.

Under LTCHA, 2007, s. 4 (1) - Every licensee shall ensure that, there is a mission statement for each of the licensee's long-term care homes that sets out the principles, purpose and philosophy of care of the home; and the principles, purpose and philosophy of care set out in the mission statement are put into practice in the day-to-day operation of the long-term care home.

The Chief Executive Officer (CEO) and President of Chartwell Residences indicated, to Inspectors #194 and #554, on May 31, 2017, that Chartwell has a corporate mission



statement, but that each long-term care home operated by Chartwell is to have their own (home-level) mission statement. CEO/President indicated that the home-level mission statement is to be developed with input of residents, staff, and the Resident and Family Councils. CEO/President indicated that the Administrator is responsible for overseeing the development and annual review of the home-level mission statement with Resident and Family Councils.

The Administrator indicated, to inspectors, on June 01, 2017, that Chartwell Ballycliffe has a mission statement, "To create and operate seniors housing communities where our residents enjoy a lifestyle and quality of life exceeding their expectations" which is posted on a board in the main foyer of the long-term care home. The Administrator indicated that she was not certain when the home-level mission statement was developed. The Administrator indicated that she doesn't recall if the mission statement was developed with input of the Family Council.

The home-level mission statement was observed posted on a board in the main foyer by Inspector #554, on June 01, 2017. There is no date recorded on this mission statement.

The Administrator indicated, to Inspector #554 via email on June 02, 2017, that she has been in her role as Administrator for the past eight years. The Administrator indicated in same e-mail that she could not remember the mission statement being reviewed while in her position. The Administrator also indicated that home-level mission statement had currently been reviewed with the Resident Council on February 01, 2017 (by the Program and Support Services Manager) and with staff at a General Staff Meeting held February 24, 2017. The Administrator stated that the Family Council had not been provided the opportunity to participate in the review of the mission statement in February 2017. [s. 4. (4)]

**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.
Posting of information**

Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
 - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
 - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
 - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
 - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
 - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
 - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
 - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
 - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
 - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
 - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
 - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
 - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :

1. The licensee failed to ensure that the required information for the purposes of



subsection (1) is posted in the home, specifically the licensee failed to post copies of inspection reports and financial reports for the long-term care home.

Under LTCHA, 2007, s. 79 (1) - Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

Family #001, who is the Family Council President indicated to Inspectors #194 and #554, on May 26, and May 31, 2017, that he was concerned that the licensee had not posted its audited financial reports, for 2013, 2014 and 2015, for residents, families, staff and visitors to view. Family #001 indicated, to the inspectors, that he expressed concerns regarding this, in writing, to the Administrator.

Family #001 provided the inspectors with documentation, which was addressed to the Administrator of Chartwell Ballycliffe, and dated November 07, 2016. The documentation indicated that the last audited financial report posted in the long-term care home was for 2012 and was for the period of January 01, 2012 to December 31, 2012.

Further documentation was provided to inspectors, from Family #001, which included a written response from the Administrator, dated November 15, 2016. The documentation responded to the concerns of Family #001 (letter of November 07, 2016). The following was documented within the Administrator's response:

- This letter is in response to your letter dated November 07, 2016, regarding the licensee's audited financial report. The most recent audited report has been posted. The reports dated 2012-2015 will be provided to the Family Council for review in the home. My apologies for the inadvertent delay in posting of these reports.

The Administrator indicated, to inspectors, on May 30, 2017, that the audited financial reports (2013-2015) had been inadvertently not posted, but the most recent report (2015) was posted following Family #001's request.

On June 01, 2017, Inspector #554 observed that audited financial report posted within the long-term care home is for the period of January 01, to December 31, 2015.

The Administrator indicated, to Inspector #554, that the 2016 audited financial report has not been forwarded to her by Chartwell corporate office, and that the 2015 audited



financial report is the most current report that the Home has as of today's date.

Family #007, who is a member of the Family Council, indicated to Inspectors #194 and #554 on May 26, 2017, being unaware of how to access Ministry of Health and Long-Term Care (MOHLTC) compliance inspection reports or if the inspection reports are posted within the long-term care home. Family #007 did not recall these inspection reports being accessible to the Family Council.

Family #004 and #005, also members of the Family Council, indicated, to the inspectors on May 25, 2017, that inspection reports are accessible and found within a binder just off of the main lobby, on a shelf in a sitting area, adjacent to the receptionist.

A notice posted on the information board within the main foyer of the long-term care home, provides direction to the public that Ministry of Health and Long-Term Care (MOHLTC) inspection reports can be found in a binder labelled 'Ministry of Health Inspection Reports', and that the binder is located in the sitting area near reception. This notice was observed to be in place by Inspector #554.

The 'Ministry of Health Inspection Reports' binder was located (as directed by the notice) and was reviewed by Inspectors #194 and #554, on May 25, 2017, the review focused on inspection reports and orders issued to the licensee by MOHLTC for the past two years. The following inspection reports were not contained within this binder:

- #2016_199626_00022 – Critical Incident Inspection Report, issued to the licensee on September 02, 2016; and #2015_178102_0026 – Follow-Up Inspection Report, issued to the licensee on May 27, 2015.

Inspector #554 was advised by the General Mailbox, MOHLTC, Ottawa Service Area Office, on May 31, 2017, that the two inspection reports identified above had been faxed to the licensee, one in October 2015 and the other September 2016.

The Administrator indicated, to the inspectors on June 01, 2017, that the Social Worker (#104), working at the long-term care home, completes a monthly audit to ensure that the required information as per the legislation has been posted and that such information is current.

The Social Worker #104 indicated, to Inspector #554, on June 01, 2017, that she completes a monthly audit of the required posted information within the home. Social



Worker indicated that she completes a general audit to ensure information is posted, but she does not audit that information posted is current and or complete. Social Worker indicated she completed her last audit, of the required information in May 2017, but was not certain of the date in which the audit was completed, and further indicated that she does not open the 'Ministry of Health Inspection Reports' binder to ensure all inspection reports are contained within the binder. The Social Worker indicated that she "assumes the inspection reports are placed in the binder by the Administrator".

The Administrator indicated, to Inspector #554, that she relies on the Social Worker's monthly audit to ensure compliance with section 79, of the Act. The Administrator indicated her expectation is that the Social Worker who is assigned to complete monthly audits of required posted information is certain information is current and is posted and that such is not to be assumed.

The licensee failed to ensure that the required information for the purposes of subsection (1) is posted in the home, specifically the licensee failed to post copies of inspection reports and financial reports for the long-term care home. [s. 79. (3)]



WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement

Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

- 1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.**
- 2. The system must be ongoing and interdisciplinary.**
- 3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.**
- 4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,**
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and**
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.****

Findings/Faits saillants :



**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**

1. The licensee has failed to ensure that improvements made through the quality improvement and utilization review system to accommodations, care, services, programs, and goods provided to the residents are communicated to the Family Council.

Review of the 2016/17 Quality improvement Plan for the home was completed by inspector #194 on June 1, 2017. Administrator indicated that the initiatives for 2016 will be ongoing for 2017 with some improvements noted in some of the areas but the targeted goals had not been achieved. The initiatives were reducing the number of antipsychotics, residents satisfaction with the home, reducing falls and education for responsive behaviours. The selected initiatives for 2017 were introduced to the Family Council at the March 2017 meeting but the quality plan had not be provided to the Family Council. Administrator indicated that the quality improvement plan had been provided and communicated to the Resident Council but not the Family Council. Administrator had indicated to inspector #194 during same interview that the names of persons who participated in any of the program evaluations, and the dates improvements were implemented are kept with the program evaluation. Administrator has indicated that the information related to the participation of individuals and improvements implemented in the program evaluations had not been shared with the Family Council. [s. 228. 3.]

Issued on this 28th day of June, 2017

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHANTAL LAFRENIERE (194), KELLY BURNS (554)

Inspection No. /

No de l'inspection : 2017_603194_0018

Log No. /

Registre no: 009960-17

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jun 28, 2017

Licensee /

Titulaire de permis : Chartwell Master Care LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON,
L5R-4H1

LTC Home /

Foyer de SLD : Chartwell Ballycliffe Long Term Care Residence
70 STATION STREET, AJAX, ON, L1S-1R9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Duna McKay

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



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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*

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 62. A licensee shall co-operate with the Residents' Council, the Family Council, the Residents' Council assistant and the Family Council assistant and shall provide them with such financial and other information and such assistance as is provided for in the regulations. 2007, c. 8, s. 62..

Order / Ordre :



Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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 shall co-operate with the Family Council and shall provide them with information and assistance in accordance with LTCHA, 2007 and Ontario Regulation 79/10.

Specifically, the licensee shall:

-In consultation with the Family Council, develop and implement strategies for establishing effective information-sharing and communication protocols to enhance its ability to work cooperatively with the Family Council.

-Consult with the Family Council at least every three months as per LTCHA, 2007, s.67

-Seek the advice of the Family Council in developing and carrying out of the 2018 Satisfaction Survey and in acting on the results of the 2017 Satisfaction Survey as per LTCHA, 2007, s. 85(3)

-Consult with the Family Council when review of the licensee's mission statement is undertaken as per LTCHA, 2007, s. 4

-Communicate to the Family Council any improvements made to the quality of the accommodation, care, services, programs and goods as per O. Reg. 79/10, s. 228

-Submit a written report to MOHLTC and Family Council detailing the actions/steps/measures taken by the licensee to achieve compliance with this compliance order on August 30, October 30 and December 22, 2017.

- The written report for MOHLTC is to be submitted by fax to the attention of Chantal Lafreniere, LTCH Inspector at 613-569-9670

Grounds / Motifs :

1. During interview with the President of the Family Council conducted on May 31, 2017, Inspectors #194 and #554 were provided letters and e-mails between the Family Council and the Administrator. Review of the documentation was completed by Inspector #194 on June 1, 2017 and indicated the following;

- On May 19, 2016 in a letter, the Family Council requested from the licensee information about the following topics:

- an explanation of the procedures for the timely access and testing of the generator.
- a copy of the corrective action plan submitted to MOHLTC in response to regulatory non-compliance associated with the patio and garden area.
- the efforts made by the licensee to act on the results of the 2015 Satisfaction Survey under section 85 of the LTCHA, 2007
- identification of opportunities for the Family Council to provide advice to the licensee in developing and carrying out of the 2016 Satisfaction Survey.

- On May 30, 2016 a letter was sent to Administrator indicating that the information requested in May 19, 2016 had not been provided.

- On June 2, 2016 during a Family Council (FC) Meeting with Corporate representative present, the requested information from the letter dated May 19, 2017 was identified as not being provided, as reflected in the minutes of the meeting along with interview with President of the Family Council.

- On June 10, 2016 a letter to Administrator from FC outlining the missing documentation as identified during the Family Council meeting of June 2, 2016 .

- On June 10, 2016 a letter from Administrator to FC partially addressed the concerns identified in May 19, 2016 letter. The information that was not provided to Family Council was;
 - the access and testing for the generator
 - a copy of the corrective action plan submitted to MOHLTC in response to regulatory non-compliance associated with the patio and garden area
 - identification of opportunities for the Family Council to provide advice to the licensee in developing and carrying out of the 2016 Satisfaction Survey.

- On November 7, 2016 a letter from FC to Administrator requesting the following information:
 - The licensee`s financial records related to the operation of the home including detailed allocation, by the licensee, of MOHLTC funding and amounts paid by residents; and the financial statements/reconciliation reports relating to the home filed with MOHLTC.
 - the results of the 2016 Satisfaction Survey and opportunities for the Family Council to advise the licensee of recommendations the Family Council had about the operation of the home and it's quality improvement processes for the coming year.



**Ministry of Health and
Long-Term Care**

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**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

- On November 15, 2016 the Administrator responded to the letter of November 7, 2017 and wrote;

"The home has posted the most recent audited financial report. The home will provide FC with the reports dated 2012-2015 for review in the home. A date will be set in December 2016 with both councils to also review the results of both satisfaction surveys. At this meeting both residents and families are welcome to provide feed back on developing the homes plan and in partnering to establish quality improvement goals, objectives and strategies for the coming year".

During interview with inspector #194 and #554 on May 30, 2017, the Administrator indicated that input from the Family Council had not been provided in the development of the 2016 Satisfaction Survey.

During interview with Inspector #194 and #554, The President of the Family Council indicated the Family Council was informed that since the licensee's Satisfaction Survey was corporately developed and there was no way to incorporate the Family Council input.

A Compliance Order is being issued under LTCHA, 2007 s. 62 related to the the ongoing lack of co-operation by the licensee towards the Family Council. A VPC was issued under LTCHA, 2007 s. 60 and s. 65 on June 20, 2016 and WN under LTCHA, 2007 for s. 85 on January 25, 2016. (194)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2017



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

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Pursuant to section 153 and/or
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Homes Act, 2007*, S.O. 2007, c.8

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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

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 or by fax upon:

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



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and 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.



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 28th day of June, 2017

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Chantal Lafreniere

Service Area Office /

Bureau régional de services : Ottawa Service Area Office