



**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**

**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
Sep 27, 2017	2017_594624_0019	009561-17	Resident Quality Inspection

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

BAIYE OROCK (624), CAROLINE TOMPKINS (166), CRISTINA MONTOYA (461)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): September 18, 19, 20, 21, 22, and 25, 2017

The following logs were inspected concurrently:

**Log # 015641-17 related to an anonymous complaint about staffing levels and
Log # 019296-17 related to an alleged staff to resident neglect.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Environmental Service Manager (ESM), Food and Nutrition Manager (FNM), the Resident Assessment Instrument (RAI) Coordinator, Registered Nurses (RNs), Registered Dietitian (RD), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Laundry Aide, presidents of Family and Residents' Council, family members and residents.

A tour of the home was completed and observations were made of resident to resident interactions, staff to resident interactions during care provision, medication administration and several meal services. A review was also completed of residents' health records, medication incidents reports, the Licensee's internal investigation records, the Licensee's staffing plan, as well as relevant policies and procedures related to weights and heights, management of residents missing clothing and missing property, infection prevention and control practices, and zero tolerance of abuse and neglect.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Laundry
Contenance Care and Bowel Management
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Skin and Wound Care
Sufficient Staffing**

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

**2 WN(s)
0 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>Legendé</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. (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 failed to ensure that resident #034 was reassessed and the plan of care reviewed and revised when a new intervention was added to the resident's care.

Resident #034 was admitted into the home on an identified date with specified diagnoses.. Upon admission, resident was assessed and found to require a particular intervention for safety. On two separate days in a specified month, Inspector #624 observed the said intervention to have been altered. A review of the assessments, progress notes and written plan of care of the resident since admission did not reveal any documentation of the altered intervention, nor did it identify when the alterations were made.

In an interview conducted by Inspector #624 with PSW #109 and RN #111 on a specified date, both indicated that the altered interventions were put in place for the resident's safety. especially when resident was sleeping. RN #111 reviewed resident #034's health records on a specified date and was unable to find documentation related to the altered intervention. Related to the licensee's expectation, RN #111 indicated that whenever an intervention of this nature is added, indicating that a resident's needs have changed, an assessment has to be completed and the resident's plan of care has to be reviewed and revised to reflect the intervention.

This expectation was also confirmed by the Director of Care (DOC) in a separate interview on the same date as the interview with RN #111. In the case of resident #034's altered intervention, the DOC indicated this expectation was not met.

The licensee failed to ensure that an assessment was completed and the plan of care was reviewed and revised when a new intervention was added to the care of resident #034. [s. 6. (10) (b)]

WN #2: 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 failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

The Home's policy for weights and heights #LTC-CA-WQ-200-04-07, revised on November 2014, indicated the following:

All residents are weighed wearing minimal clothing, at least once a month. The initial weight is taken during the first week of the month. All reweighs must be completed as soon as possible following the monthly weight and no later than three days following the initial weight.

Residents who refuse to be weighed either on admission or monthly thereafter will have the reason for being weighed explained to them by a Registered Staff or the Registered Dietitian. A record of the conversation will be completed in the progress notes.

A change in weight of 5% in one month, 7.5% in three months and 10% in six months and any other weight that compromises the residents' health status are assessed using an interdisciplinary approach with appropriate actions taken and outcomes evaluated.

Procedures indicated the care staff will:

- Weigh each resident by the 7th of the month.
- If a re-weight is required as there has been a gain or loss of 2.0kg from the previous weight, reset the scale and reweigh the resident.
- For any resident who declines a monthly weight, care staff will record R (for refused) on the monthly weight tracking log, report the refusal to registered staff

Registered staff will:

- Review the weight tracking record for the current month to ensure accuracy and



completeness by the 7th day of every month. Consider possible reweigh if variances seem questionable.

- Ensure any outstanding weights are completed and all weights are put into Point Click Care by the 10th day of the month.
- Assess for possible causes for weight loss/gain, i.e. changes in level of activity, quantity of food consumption or effects of medication on the resident's appetite and initiate referral to the Registered Dietitian (RD) by clearing the weight exceptions on the weight and vital portal by the 12th of each month and include any pertinent information in the referral.

On three separate specified dates, residents #013 and #039 were identified as having weight loss issues. It was identified that resident #013's weight was entered into Point Click Care (PCC) on a specified date and then one month later, indicating a significant weight loss within the identified one month period. A review of resident #039's health records indicated that the resident's weight was entered into PCC over the same identified one month period above, and there was a significant weigh loss also documented.

Review of residents #013 and #039's weight tracking logs showed that both residents were not reweighed within three days following the initial weight when there was a loss of more than 2.0 kg from the previous weight as indicated in the licensee's policy. There was also no assessment for possible causes for weight loss identified on the progress note nor was a referral sent to the Registered Dietitian (RD) as specified by the licensee's policy. There was no indication of weight refusals by both residents on either the weight tracking log or the progress notes.

On a specified date, during separate interviews with RPN #114, and the RD, both indicated that Registered Nurses (RN) are responsible to enter the residents' weights into PCC on the 10th of each month and to generate the referrals to the RD on the 12th of every month. The RD indicated that she had not yet received a referral from the registered staff related to a weight variance for residents #013 and #039.

On another specified date, PSW #116 indicated that PSWs are responsible to complete the residents' weights by the 10th of every month, but it's the registered staff's responsibility to ask the PSWs if reweighs need to be done.

Two days after interviews with RPN #114 and the RD, separate interviews were conducted with RN #112 and the DOC and both indicated the home's expectation is that



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the weights are to be done within the first 10 days of each month. RN #112 indicated the RN on duty must enter the weights into PCC on the 10th of each month, including reweighs, the RN then completes an assessment of any residents with weight changes of 5% in the last month, 7.5% in the last three months, and 10% in the last six months and makes a referral to the RD on the 12th of each month for follow up as needed.

RN #112 and the DOC confirmed that residents #013 and #039 had not been reweighed or assessed by the RN or the RD. The DOC acknowledged the home did not follow the policy related to weights and heights for residents #013 and #039 in relation to the reweighing process, assessment for possible causes of weight loss, and referral to the Registered Dietitian for follow up.

The licensee failed to ensure that its policy for weights and heights was complied with, specifically related to the reweighing process as well as completing referrals to the Registered Dietitian. [s. 8. (1) (a),s. 8. (1) (b)]

Issued on this 27th day of September, 2017

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

Original report signed by the inspector.