



**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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 3, 2016	2016_200148_0017	012852-16, 014939-16, 011205-16 AND 005367-16	Critical Incident System

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

CHATEAU GARDENS LANCASTER LONG TERM CARE CENTRE
105 MILITARY ROAD NORTH P.O. BOX 429 LANCASTER ON K0C 1N0

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

AMANDA NIXON (148)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): May 27, 30 and 31, 2016.

This inspection relates to four Critical Incident logs, including three alleged abuse incidents Log 005367-16 (CI #2680-00004-16), 012852-16 (CI #2680-00008-16) and 14939-16 (CI # 2680-00009-16) and one alleged improper care Log 011205-16 (CI 2680-00006-16).

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Registered Nurses, Registered Practical Nurse, Personal Support Workers and residents.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Prevention of Abuse, Neglect and Retaliation**

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>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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that the care set out in the plan of care for resident #003 was provided as specified in the plan.

Resident #003 requires assistance with activities of daily living including transferring. The last two quarterly Minimum Data Set (MDS) assessments indicate that the resident requires extensive assistance of two persons by use of mechanical lift for transfers. The plan of care for resident #003 indicates that a sit to stand mechanical lift with yellow sling, is to be used when transferring the resident. Staff are able to reference the transfer needs of a resident by use of a picture card at the resident's bedside. The picture card for resident #003 indicates use of a sit to stand lift.

It was confirmed that on a specific date, PSW #102 and #105 performed a two man pivot transfer; there was no use of the sit to stand mechanical lift. In an interview with PSW #102, she noted that the picture card was available but can not recall having referenced it prior to conducting the transfer. In discussion with the home's DOC, the home's investigation confirmed that the resident was not provided care as specified by the plan. [s. 6. (7)]

2. Resident #005 requires physical assistance with bathing and extensive assistance with dressing, grooming and personal hygiene. The plan of care for resident #005 indicates that the resident is resistive to care including bathing and changing of clothes. Interventions indicate that when the resident exhibits signs of refusal to ensure resident #005 is safe before leaving and to re-approach later.

On a specified date, resident #005 indicated that he/she did not want to receive a shower. It was described that the resident was agitated and was both physically and verbally expressing the desire not to participate in the shower. PSW staff member continued with shower care while the resident continued to express his/her desire to not have the shower.

It was determined that the staff did not follow the resident's plan of care as set out, when the shower care was continued rather than leaving and attempting a re-approach at a later time. [s. 6. (7)]



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 the care set out in the plan of care is provided to both resident #003 and resident #005, as set out by the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).

(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).

(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).

(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).

(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).

(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).

(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).

(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents contains an explanation of the duty under section 24 of the Act to make mandatory reports and any additional matters as may be provided for in the regulations.

The home's policy #LTC-CA-ALL-100-05-02, last revised October 9, 2014, titled Resident Abuse- Abuse Prevention Program – Whistle-Blowing Protection, was identified as the home's policy to promote zero tolerance of abuse and neglect of residents.

A review of the policy indicates elements of reporting to the Ministry of Health and Long Term Care (i.e Director) as it relates to abuse of residents. However, explanations related to the reporting of abuse and neglect of residents, do not indicate that all persons are to immediately report abuse and neglect of resident. The explanations provided do not clearly indicate that a person with reasonable grounds to suspect that abuse or neglect of a resident has occurred or may occur shall be reported immediately to the Director.

In addition, the policy does not include the duty to report to the Director, as it relates to improper/incompetent care, unlawful conduct and the misuse/misappropriation of resident's money or funding. The home's policy to promote zero tolerance of abuse and neglect of residents, does not provide for a clear explanation of the duty under section 24 of the Act.

In accordance with LTCHA 2007, c.8, s.20(2)(h) and Regulation 79/10, s.97(1)(b), the home's policy shall deal with any additional matters as may be provided for in the regulations including the notification of the resident's substitute decision maker (SDM). The home's policy describes the immediate notification of the SDM in relation to alleged incidents of abuse or neglect whereby the resident sustained a physical injury, pain or distress, but does not include the requirement to notify the SDM of all other alleged incidents of abuse or neglect within 12 hours.

The home's Administrator noted that the above described policy is in the process of being revised based on similar non-compliance identified by the December 2015 Resident Quality Inspection. [s. 20. (2)]



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

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 the policy to promote zero tolerance of abuse and neglect contains an explanation of the duty under section 24 of the Act to make mandatory reports and any additional matters as may be provided for in the regulations, to be implemented voluntarily.

Issued on this 3rd day of June, 2016

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

Original report signed by the inspector.