



Ministry of Long-Term Care

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

Ministère des Soins de longue durée

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

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Wendy Lewis
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	
Original Inspection #:	2019_647610_0022
Licensee:	Chartwell Master Care LP 100 Milverton Drive, Suite 700, Mississauga, ON L5R 4H1
LTC Home:	Chartwell Parkhill Long Term Care Residence 250 Tain Street, P.O. Box 129 Parkhill, Ontario, N0M 2K0
Name of Administrator:	Dawn Genovy

Background:	
<p>Ministry of Long-Term Care (MLTC) Inspector #610 conducted an inspection at Chartwell Parkhill Long Term Care Residence (LTC Home) on the following dates: June 26 and 27, 2019 (Inspection #2019_674610_0022). Two compliance orders were issued during the inspection.</p> <p>The Licensee submitted a timely request for a review of Compliance Order #002 by the Director. During the review of Inspector #610's order, the Director identified non-compliance under s. 8(1) of the Regulation related to the licensee's skin and wound care policy and will be issuing the following Director's Order (#002).</p> <p>The Director's Order will be issued pursuant to section 153 (1)(a) of the <i>LTCHA</i>.</p>	



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Order: #002	#002 – Chartwell Master Care LP
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To: Chartwell Master Care LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to:

The Director is issuing Director’s Order #002 after finding that the Licensee failed to comply with subsection 8 (1) of the Ontario Regulation:

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 all applicable requirements under the Act; and
- (b) is complied with.

30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

Order

The licensee shall be compliant with subsection 8(1) of the Regulation under the *LTCHA*. Specifically, the licensee shall:

- 1. Undertake a review of the policy for the skin and wound program for Chartwell Parkhill Long-Term Care Home and all other long-term care homes owned, operated or managed

by the licensee. This review is to include revisions in order to ensure compliance with all elements of the legislative and regulatory requirements related to skin and wound care.

2. This review and revision of the policy shall also, at a minimum, ensure the following:
 - a. The policy must include a written description of the skin and wound care program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to promote skin integrity, prevent wounds and provide effective wound care as per subsection 48(1)2 of the Regulation.
 - b. Provide clear direction to staff regarding the requirements of section 50 of the Regulation related to wound care and assessments for residents.
 - c. The policy must include specific references to *LTCHA* and Ontario Regulation 79/10, including specific legislative section(s) where necessary.
3. Ensure that all nursing staff receive education and training on the revised policy.
4. Keep a record of the staff who were trained, including the date and content of the training.

Grounds

The licensee has failed to ensure that its policy for skin and wound is in accordance with the legislative requirements of the Regulation under the *LTCHA*.

The following information was located on page one of the licensee's policy numbering 8 pages at the top of the document:

- 215 - Retirement Communities Resident Care and Support Services
- Skin and Wound Care Policy no: RET-CA-ALL-215-04-04
- Last Revised January 2015

The licensee's policy is under the heading of ***Retirement Communities Resident Care and Support Services***. Furthermore, the scope identified in the policy refers to all retirement residences in Canada. The policies do not contain a description of the skin and wound program as required by the *LTCHA* or being specific to the long-term care context.

Chartwell Master Care LP, together with its affiliates ("Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner" and "Trilogy LTC Inc."), is licensed to operate a total of 23 long-term care homes (with 3000 total beds in Ontario) in addition to many retirement homes. Additionally, "Chartwell Master Care LP" is the Manager of 4 long-term care homes in Ontario.

The policy was clearly developed for retirement homes and refers to retirement homes throughout the document. Examples include but are not limited to:

- The skin and wound care programs are regulated under the Regulated Health Professions Act, 1991. (page 3)
- Regulated care under provincial retirement residence regulations. (page 3)
- A retirement residence may provide an unplanned or intermittent care service to a resident but may not make the service available to residents generally as a part of the residents operations or care offering. (page 2)
- Residents are financially responsible for all care and treatment supplies they may require unless it is otherwise specified in a fee-for-service contract. (page 4)

The policy is very confusing and does not reference to the *LTCHA* and the Regulation which has been in effect since July 1, 2010.

S. (30)(1)1 and section 50 of the Regulation list the required elements that must be in place, at a minimum, in a licensee's policy for the Skin and Wound Care.

S. 30 (1)1 of the Regulation states:

(1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

S. 48(1)2 and 48(2) of the Regulation states:

(1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

2. A skin and wound program to promote skin integrity, prevent the development of wounds and pressure ulcers and provide effective skin and wound care interventions.

(2) Each program must, in addition to meeting the requirements set out in section 30,

- (a) provide for screening protocols; and
- (b) provide for assessment and reassessment instruments.

Page 8 of the licensee's policy is a document titled Weekly Skin Assessment Record. The purpose of the form as indicated on it, is for the resident to have their skin examined weekly for progress and healing of the rash or other skin issue. This implies that the resident has existing

altered skin integrity.

There is no assessment form or reference to a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment for the registered nursing staff, upon discovery of a new wound, to use, as is required by the Regulation.

The policy does not provide clear direction to staff and others who must document and assess the altered skin integrity for a resident. For example:

- The scope indicates the policy is applicable to ALL retirement residences in Canada that provide care to residents under the direction of registered staff.
- Page 2 of the policy refers to a retirement residence having to provide unplanned or intermittent care service to a resident “but may not make the care service available to resident generally as part of the residences operations or care offering. It continues to provide information on skin and wound programs in retirement residences.
- Pursuant to Regulation 50 (1) the skin and wound care program must, at a minimum, provide for the following:
 1. The provision of routine skin care to maintain skin integrity and prevent wounds.
 2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.
 3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.
 4. Treatments and interventions, including physiotherapy and nutrition care.

The policy does not provide clear direction to staff regarding the requirements for completing skin assessments identified in s.50 (2)

(2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

- (i) within 24 hours of the resident’s admission,
- (ii) upon any return of the resident from hospital, and
- (iii) upon any return of the resident from an absence of greater than 24 hours;

(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,



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(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident’s condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

The severity of this issue is determined to be a level 1 as there was minimal harm to the residents. The scope of the issue was a level 3 as it affects all residents. The home has a level 2 history due to unrelated non-compliance in the past 36 months.

This order must be complied with by: November 30, 2019

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director
c/o Appeals Clerk
Long-Term Care Inspections Branch
347 Preston Street, 4th Floor, Suite 420
Ottawa ON K1S 3J4
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.

Issued on the 23rd day of September 2019

Signature of Director:



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Name of Director:	Wendy Lewis