

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
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
Feb 7, 2020	2020_605213_0004	001066-20	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP
7070 Derrycrest Drive Suite 700 MISSISSAUGA ON L5W 0G5

Long-Term Care Home/Foyer de soins de longue durée

Chartwell Parkhill Long Term Care Residence
250 Tain Street P.O. Box 129 PARKHILL ON N0M 2K0

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

RHONDA KUKOLY (213), MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 31, February 3 and 4, 2020.

This anonymous complaint inspection was completed related to multiple concerns including infection prevention and control, emergency plans, dining and snack services, and care concerns.

This inspection was completed concurrently while in the home completing inspection #2020_605213_0005.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Environmental Services Manager, a Public Health Inspector, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents.

The following Inspection Protocols were used during this inspection:

Dining Observation

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Safe and Secure Home

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

1 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>Légende</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 O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following:

**s. 230. (7) The licensee shall,
(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).**

Findings/Faits saillants :

1. The licensee has failed to test the emergency plans related to situations involving a missing resident and violent outbursts on an annual basis.

The Ministry of Health and Long Term Care Complaint Information Report documented an anonymous complaint related to multiple concerns. In a telephone interview, the complainant reported to Inspector #213 that although the home reviewed emergency codes, none of them were ever practiced. The complainant stated there was an incident involving a violent resident and no one knew it was a code white.

The "Emergency Response Plan Tab 12: Code WHITE VIOLENCE/AGGRESSION" outlined procedures when there was imminent risk to safety and/or life and the procedure applied to all staff once the announcement of a code white was made. The code white emergency plan was in writing and available at both nursing stations in the home.

Documentation of the Emergency Code Drill Code White indicated it was last completed March 28, 2018 at 2240 hours and included five participants. The test proved positive for the staff member who discovered the violent altercation had informed other staff, the code white was announced three times, all available staff responded to the area, 911 would have been called and the code white all clear was announced on the overhead page three times once the situation was safe. There was no documented evidence the Emergency Code Drill Code White was tested in 2019.

Inspector #563 expanded the scope of the inspection to include the testing of the emergency plans related to fires and situations involving a missing resident. The home completed "Fire Drills" at least three times a month in 2019 and again on January 22, 23, 29, 2020 in different locations. There was no documented evidence the home tested the emergency plan related to the situations involving a missing resident.

The Director of Care (DOC) verified there was no test of the emergency plan related to situations involving a missing resident and violent outbursts on an annual basis in 2019.

The licensee has failed to test the emergency plans related to situations involving a missing resident and violent outbursts on an annual basis. [s. 230. (7) (a)]

Issued on this 7th day of February, 2020

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

Original report signed by the inspector.