Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: June 15, 2023	
Inspection Number: 2023-1141-0002	
Inspection Type: Critical Incident System	
Licensee: Chartwell Master Care LP	
Long Term Care Home and City: Chartwell Parkhill Long Term Care Residence, Parkhill	
Lead Inspector Ina Reynolds (524)	**Inspector Digital Signature** Ina Reynolds Digitally signed by Ina Reynolds Date: 2023.06.15 15:45:54 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 12 and 13, 2023.

The following intake(s) were inspected:

- Intake #00086195 CI #2632-000010-23 related to Falls Prevention and Management.

The following intakes related to Falls Prevention and Management were also included in this inspection:

- Intake #00021123 CI #2632-000006-23
- Intake #00085849 CI #2632-000009-23.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 53 (1) 1.

The licensee has failed to comply with the falls prevention and management program to reduce the incidence of falls and the risk of injury for a resident.

In accordance with O. Reg. 246/22 s. 11. (1) b. the licensee is required to ensure there is a falls prevention and management program in place to reduce the incidence of falls and the risk of injury, and must be complied with. Specifically, staff did not comply with the home's Resident Falls Prevention Program that stated it included the use of a visual logo for residents with a score above 12 on the Scott Fall Risk Assessment.

Review of a resident's Scott Fall Risk Assessment documented a score above 12.0 which indicated a high risk for falls and unsafe ambulation.

Observations noted there was no visual logo affixed to the entrance of the resident's room or located on the resident's mobility aid.

The Administrator and a staff member confirmed the resident should have had a visual logo outside their door and on their mobility aid. The Administrator acknowledged that there was no logo outside the resident's room or on their mobility aid and immediately applied the logos in place. There was low risk to the resident at the time of the observation.

Sources: The home's "Resident Falls Prevention Program" Appendix 2 Visual Identifier, policy #LTC-CA-WQ-200-07-08, revision date June 2022; a resident's health records; observations; and interviews with the Administrator and other staff.

Date Remedy Implemented: June 13, 2023

WRITTEN NOTIFICATION: Skin and Wound Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee has failed to ensure that a resident who exhibited altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

Rational and Summary:
a Critical Incident (CI) submitted by the home to the Ministry of Long-Term Care, documented that a resident sustained a fall resulting in an injury that required medical treatment.

An order was documented in the electronic Treatment Administration Record (eTAR) to complete a weekly skin assessment for the resident's altered skin condition.

There was no documented evidence that a weekly skin assessment was completed for the alteration on multiple scheduled dates. This was confirmed by the Administrator and a staff member after review of the resident's chart, and both indicated that weekly skin assessments should have been completed on the scheduled dates for the resident's altered skin integrity. This placed the resident at risk for potential complications.

Sources: A Critical Incident (CI); a resident's clinical record, including progress notes, eTAR, skin assessments; and interviews with the Administrator and other staff.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)

The licensee has failed to ensure that a resident who had exhibited a skin condition that was likely to require or respond to nutrition intervention, was assessed by a registered dietitian who was a member of the staff of the home.

Rational and Summary:
A Critical Incident (CI) submitted by the home to the Ministry of Long-Term Care, documented that a resident sustained a fall resulting in injury that required medical treatment.

There was no documented evidence that the resident had been referred to the Registered Dietitian (RD) for an assessment related to their altered skin condition.

The home's Skin Care Program indicated that a resident exhibiting altered skin integrity would receive a referral to the Registered Dietitian.

The Administrator and a staff member both acknowledged that the RD was not sent a referral for an assessment of the skin condition after a review of the resident's chart. The Administrator said the expectation was that a dietary referral should have been done to help with healing.

Sources: The home's "Skin Care Program Overview" policy #LTC-CA-WQ-200-08-01 revision date December 2017; a Critical Incident report; a resident's clinical records; and interviews with the Administrator and other staff.