



**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**

**Health System Accountability and  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 3, 2014	2014_254515_0018	L-000676-14	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**

CHATEAU GARDENS PARKHILL LONG TERM CARE CENTRE  
250 TAIN STREET, P.O. BOX 129, PARKHILL, ON, N0M-2K0

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

RAE MARTIN (515), ALI NASSER (523), CAROLEE MILLINER (144)

### **Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): June 24, 25, 26, 27, 30, 2014.**

**Critical Incident # L-000638-14 was completed as part of the Resident Quality Inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care(DOC), Assistant DOC/Resident Assessment Instrument (RAI)/ Infection Control Coordinator, Food Services/Environmental Services Manager, Corporate Regional Manager, 1 Registered Nurse (RN), 3 Registered Practical Nurses (RPN), 10 Personal Support Workers (PSW), Cook, Environmental Aide, Activation Worker, Housekeeper, 40+ Residents and 4 family members.**

**During the course of the inspection, the inspector(s) conducted a tour of resident home areas and common areas, medication room, observed general maintenance, cleaning and condition of the home, resident care provision, resident-staff interactions, dining service, recreational activities, medication administration, medication storage areas, reviewed relevant residents' clinical records and plans of care, posting of required information, relevant policies and procedures, critical incident report and meeting minutes pertaining to the inspection.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Residents' Council  
Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**



**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 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system put in place is complied with as evidenced by:

A review of procedures in the Food Safety and Sanitation, Food Temperatures Policy # LTCE-FNS-D-02, Dated September 2013 states:

#3. The Food Services Worker will take and record food temperatures once food has been placed on/in the hot top/steam table, on the Food Temperature Sheet.

A review of food temperature audit records revealed food temperatures were not recorded on June 24, 2014, for the breakfast, lunch and evening meal in one resident home area dining room.

One Corporate Personnel and the Food Service Manager confirmed the Food Temperatures policy was not followed on June 24, 2014, and that the temperatures should have been completed for each meal and recorded on the temperature audit record. [s. 8. (1) (b)]

***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 any plan, policy, protocol, procedure, strategy or system put in place is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

**s. 15. (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**

**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**

**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**



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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home is kept in a good state of repair, as evidenced by:

Observations, throughout the RQI revealed:

Town and Country home areas:

- a) 13 identified resident rooms and the Town Main Lounge had chipped/scraped paint and damaged walls.
- b) Country Dining Room and Main Lounge had paint scrapes, gouges and holes in the walls.
- c) Room 3003: Paint peeling at the window just outside the door of the multipurpose room. The bathroom sink was cracked at the drain site, water tap corroded.

Observations were confirmed by Personal Support Workers, Registered Staff, Environmental Services Manager and the Administrator/DOC.

The Administrator and Environmental Services Manager shared the expectation that the home would be kept in a good state of repair. [s. 15. (2) (c)]

***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 home is kept in a good state of repair, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program as evidenced by:

Observations throughout the RQI revealed:

- a) Town home area Tub Room: unlabeled personal care items including a can of deodorant spray, bottle of moisturizer, bottle of shampoo, bottle of body wash, 2 used towels left on the bath lift seat and on the top console of the tub.
- b) unlabeled personal care items including a bottle of baby powder, bottle of non-rinse cleanser, bottle of moisturizer, electric toothbrush placed on a visibly soiled electric toothbrush stand in an identified resident's bathroom.
- c) an unlabeled bottle of body lotion and shampoo in an identified resident's bathroom.
- d) an unlabeled bottle of hand wash, moisturizer and non-rinse cleanser, tube of facial cream, electric toothbrush placed on a visibly soiled electric toothbrush stand in the bathroom and an unlabeled bottle of body lotion on the bedside table of an identified resident's bedroom.
- e) an unlabeled bottle of hand soap in the bathroom of an identified resident.
- f) Visibly soiled walker seat pads belonging to 2 identified residents.

Observations were confirmed by 2 Personal Support Workers and a Housekeeper.

The Administrator confirmed the home's expectation is that staff will participate in the implementation of the infection prevention and control program. [s. 229. (4)]

***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 all staff participate in the implementation of the program, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**11. Every resident has the right to,**

- i. participate fully in the development, implementation, review and revision of his or her plan of care,**
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**
  - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**
  - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**
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**Findings/Faits saillants :**



1. The Licensee has failed to ensure that every resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, as evidenced by:

On June 24, 2014, at 1040h, it was noted that the Therapy Room door was unlocked, open and unattended. A physiotherapy binder containing residents names, health assessments and care plans was observed on the counter in the room with personal health information (PHI) accessible.

The Administrator/DOC verified the observations and confirmed that the expectation is to have the room locked when unattended and to ensure that PHI is kept confidential and not accessible. [s. 3. (1) 11. iv.]

2. On June 26, 2014, at 0900h, the electronic medication administration records (eMAR) terminal was observed to be left open and the medication cart unattended in an identified area accessible to the public. Personal health information was readily accessible.

A Registered staff member verified the eMAR terminal was not locked and PHI was accessible and confirmed the expectation that resident's PHI should be kept confidential and not accessible. [s. 3. (1) 11. iv.]

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home is a safe and secure environment for its residents as evidenced by:

On June 25, 2014, at 1256h, a housekeeping cart was observed to be unlocked and unattended on an identified home area with a paint scraper and an Exacto knife accessible to residents.

A Housekeeper confirmed the cart was unattended and unlocked with unsafe materials accessible to residents.

The Administrator confirmed the expectation that the housekeeping cart is locked when unattended to ensure the home is a safe and secure environment for its residents. [s. 5.]

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**WN #6: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident as evidenced by:

The plan of care related to the use of bed side rails for an identified resident does not provide clear directions.

A review of the annual assessment completed on a specified date in 2014, identifies the resident uses a specific number of bed side rails daily.

There is documented evidence on the current written plan of care indicating the use of a different number of bed side rails when the resident is in bed.

The Resident and one staff member confirmed that a different number of bed side rails are used when the resident is in bed. [s. 6. (1) (c)]

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

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### **Findings/Faits saillants :**

1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimetres, as evidenced by:

On June 24, 2014, at 1030h, it was noted that the dining room window on Country home area opened 38 cms to the outside, and an identified resident's room window opened 33 cms to the outside.

Observations were confirmed by the Administrator/DOC.

The Administrator/DOC confirmed that all resident room windows on the Country home area open 33 cms, and shared the expectation is that windows will not open more than 15 cms. [s. 16.]



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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 17.**

**Communication and response system**

**Specifically failed to comply with the following:**

**s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**

**(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**

**(b) is on at all times; O. Reg. 79/10, s. 17 (1).**

**(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**

**(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**

**(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**

**(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**

**(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times as evidenced by:

On June 25, 2014, at 0930h, call bells were observed to be tied around the grab bars and not able to be activated when pulled, in 3 identified resident bathrooms.

Observations were confirmed by a Personal Support Worker and the Administrator/DOC.

The Administrator shared the expectation is that the communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times. [s. 17. (1) (a)]

2. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is available at each bed, toilet, bath and shower location used by residents, as evidenced by:

The Men's Staff Washroom, located in the main hallway entrance to Town home area, was unlocked and accessible to residents, staff and visitors. There was no communication and response system installed in this washroom.

This was confirmed by the Administrator/DOC who stated that the expectation is to have a call bell installed in each area that is accessible to residents and visitors. The Administrator/DOC stated that the home will change the door handle to enable the door to be locked and ensure that it is only accessible to staff. [s. 17. (1) (d)]

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius as evidenced by:

Throughout the RQI, three residents complained that the home feels cold with some areas feeling colder than other areas.

On June 24, 2014 at 1320h, the temperature in the dining room on Country home area was noted to be 20 degrees Celsius as indicated on the room thermometer located on top of the fridge.

The temperature was confirmed by the Maintenance Aide and the Administrator/DOC. [s. 21.]

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**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**

**Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle, (f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71 (1).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure the menu cycle was reviewed by the Resident's Council as evidenced by:

The Residents' Council meeting minutes were reviewed for the months of January 2014 to date. The minutes did not reflect that the spring and summer menu was reviewed by the Residents' Council.

The Food Service Manager confirmed the spring and summer menu for 2014 had not been reviewed by the Residents' Council and menu cycles have never been reviewed at Council meetings. [s. 71. (1) (f)]

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**WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**



**Specifically failed to comply with the following:**

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

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**Findings/Faits saillants :**

1. The licensee has failed to seek the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results as evidenced by:

On June 30, 2014, a review of minutes of Family Council meetings for the past year showed there is no documented evidence that advice from the Family Council was sought in the development of the resident satisfaction survey.

An interview with a Family Council member revealed the Council was not asked for their input into the development of the survey.

The Administrator confirmed that the Family Council was not consulted in developing the satisfaction survey and the expectation that the home shall seek the advice of the Family Council in developing and carrying out the survey, and in acting on its results. [s. 85. (3)]

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**Issued on this 7th day of July, 2014**

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