

**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**London Service Area Office
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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
Sep 13, 2021	2021_790730_0031	006953-21, 010695-21	Complaint

Licensee/Titulaire de permisChartwell Master Care LP
7070 Derrycrest Drive Mississauga ON L5W 0G5**Long-Term Care Home/Foyer de soins de longue durée**Chartwell London Long Term Care Residence
2000 Blackwater Road London ON N5X 4K6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CHRISTINA LEGOUFFE (730), CHERYL MCFADDEN (745)

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): September 7, 8, and 9, 2021.

The following Complaint intakes were completed within this inspection:

**Log #010695-21 related to hospitalization and change in condition and
Log #006953-21 related to falls preventions, complaints, and end of life care.**

An Infection Prevention and Control (IPAC) inspection was also completed as part of this inspection.

A cooling and air temperature inspection was also completed as part of this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, a Physician, a Housekeeper, a Screener, the Environmental Services Manager (ESM), a Registered Nurse (RN), Registered Practical Nurses (RPNs), and Personal Support Workers (PSWs).

The inspector(s) also observed resident rooms and common areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, and reviewed the home's temperature records.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Falls Prevention

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Reporting and Complaints

Safe and Secure Home

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

**2 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. 49. Falls prevention and management**Specifically failed to comply with the following:**

s. 49. (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 79/10, s. 49 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that equipment to reduce or mitigate falls was readily available at the home for a resident.

The Ministry of Long-Term care received a complaint related to the availability of falls prevention equipment in the home for a resident upon their admission. Upon admission, the resident was assessed to require equipment to reduce or mitigate their risk of falls. Staff were not able to locate one of the pieces of equipment for the resident.

The home's policy titled "Resident Falls Prevention Program" (Revised June 2019) included a variety of equipment that was used as a part of the home's fall prevention and injury reduction strategies.

The Acting Director of Care (DOC) said that the expectation of the home was that falls prevention equipment was readily available to residents who required it and that the specified equipment had not been readily available for use by the resident.

There was a risk of harm to the resident when falls prevention equipment was not readily available.

Sources: Resident clinical records and interviews with the DOC and other staff. [s. 49. (3)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a documented record in the home of two written complaints made to the licensee concerning the care of a resident or the operation of the home and that a response was provided to the complainant within 10 business days of the receipt of the complaint.

The Ministry of Long-Term Care received a complaint related in part to complaint response from the home regarding the care of a resident. The complainant shared emails sent on two dates to the Administrator and said that they never received a response related to their concerns. A review of the home's complaint logs did not include these complaints.

The home's policy titled "Complaints" (Revised June 2017) instructed the home's administrator to log all communication with the person who made the complaint with the person's response on the Complaint Communication Log and to prepare a written response within 10 business days. The policy also stated for staff who were in receipt of emails to verify with the writer whether it was a complaint.

The Administrator said they had no record of the complaints or responses provided to the complainant related to the written complaints on the two dates. They verified that the email address that the emails were sent to was correct but stated that they did not recall receiving one of the emails and therefore no response had been issued to the writer.

Sources: Email documentation provided by complainant, the home's policy titled "Complaints" (June 2017), and interviews with the Administrator. [s. 101.]

Issued on this 13th day of September, 2021

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

Original report signed by the inspector.