



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

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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

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Dec 12, 2013, 2013_303563_0008, L-000945-13, Critical Incident System

Licensee/Titulaire de permis

Leamington Court Inc.
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

CHATEAU GARDENS LONDON LONG TERM CARE CENTRE
2000 Blackwater Road, LONDON, ON, N5X-4K6

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 5, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, two Personal Support Workers, the Unit Clerk, and a Registered Practical Nurse.

During the course of the inspection, the inspector(s) made observations, reviewed health records, policies, education and training records and other relevant documentation.

The following Inspection Protocols were used during this inspection:



Prevention of Abuse, Neglect and Retaliation

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 LTCHA, 2007 S.O. 2007, c.8, s. 23. Licensee must investigate, respond and act



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Specifically failed to comply with the following:

- s. 23. (1) Every licensee of a long-term care home shall ensure that,**
- (a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:**
 - (i) abuse of a resident by anyone,**
 - (ii) neglect of a resident by the licensee or staff, or**
 - (iii) anything else provided for in the regulations; 2007, c. 8, s. 23 (1).**
 - (b) appropriate action is taken in response to every such incident; and 2007, c. 8, s. 23 (1).**
 - (c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with. 2007, c. 8, s. 23 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that every alleged, suspected or witnessed incident of neglect of a resident by the licensee or staff that the licensee knows of, or that is reported is immediately investigated.

Interview with management revealed that an investigation did not occur and management confirmed there are no investigation notes regarding an incident of alleged neglect. Management confirmed Personal Support Workers (PSW) assigned to the resident were not interviewed and resident records were not reviewed. Management confirmed that an immediate investigation should have occurred. [s. 23. (1) (a)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

- s. 51. (2) Every licensee of a long-term care home shall ensure that,**
- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**
 - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**
 - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence; O. Reg. 79/10, s. 51 (2).**
 - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; O. Reg. 79/10, s. 51 (2).**
 - (e) continence care products are not used as an alternative to providing assistance to a person to toilet; O. Reg. 79/10, s. 51 (2).**
 - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**
 - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**
 - (h) residents are provided with a range of continence care products that,**
 - (i) are based on their individual assessed needs,**
 - (ii) properly fit the residents,**
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,**
 - (iv) promote continued independence wherever possible, and**
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



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1. The licensee of a long-term care home failed to ensure that this resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; continence care products are not used as an alternative to providing assistance to a person to toilet.

a) Health care record for the resident was reviewed and a clinically appropriate assessment instrument specifically designed for assessment of bowel incontinence was absent. No record of a bowel continence assessment completed and management confirmed a continence assessment should have been completed on admission and when the resident demonstrated a decline in bowel function.

b) The resident's plan of care did not identify causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

c) Management confirmed the resident's care plan did not accurately reflect the resident's decline in bowel function and interventions did not promote bowel continence.

d) The resident's plan of care stated the resident will be toileted as per needs and personal support workers(PSW)are to provide assistance.

e) Management confirmed PSWs should follow the plan of care regarding toileting, however in this instance the PSWs used the resident's brief as an alternative to transferring her on to the toilet for bowel continence. [s. 51. (2)]



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Issued on this 12th day of December, 2013

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

Melanie Northey