



**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  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685

Bureau régional de services de  
London  
291, rue King, 4<sup>ième</sup> étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685

### **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>
Feb 24, 2014	2014_261522_0004	L-000102-14	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 LONDON LONG TERM CARE CENTRE  
2000 Blackwater Road, LONDON, ON, N5X-4K6

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

JULIE LAMPMAN (522), ALI NASSER (523), INA REYNOLDS (524), RHONDA  
KUKOLY (213)

### **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): February 4-7 and 10, 2014**

**Concurrent Critical Incident Inspection was conducted by inspector #523 under L-000058-14.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Environmental Services Manager, Program and Support Services Manager, Food Service Manager, Business Manager, 3 Dietary Aides, Maintenance staff, Registered Nurse, 4 Registered Practical Nurses, 9 Personal Support Workers, 3 Family Members and 23 Residents.**

**During the course of the inspection, the inspector(s) toured all resident home areas, medication rooms, observed dining service, medication pass, provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents' clinical records, posting of required information, meeting minutes related to inspection and relevant policies and procedures**

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



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**Accommodation Services - Maintenance  
Contenance Care and Bowel Management  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Hospitalization and Death  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Sufficient Staffing**

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



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. 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 failed to ensure that the resident-staff communication and response system was available at each bed, toilet, bath and shower location used by residents.

During a tour of home areas call systems were tested in ten resident rooms and bathrooms on Magnolia Court. The call system in three resident bathrooms and the call system at a resident's bedside were found to be non-functioning. This was confirmed by a Personal Support Worker (PSW).

Two call systems in the Magnolia Court Spa room were tested and found to be non-functioning; the third call system was not accessible as it did not have a pull cord attached to it. This was confirmed by a PSW.

Three bathroom call systems were identified on Aspen Grove where residents were unable to activate the call system. Call system cords in two bathrooms were tie wrapped to the grab bar beside the toilet and a call system cord in another bathroom was wrapped around the grab bar beside the toilet. In each case this prevented the resident from activating the call system.

The resident-staff communication and resident response system was not available to all resident's due to non-functioning call systems in six resident bathrooms, a resident bedside and the Magnolia Court Spa room. [s. 17. (1) (d)]



***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 equipped with a resident staff response system that is available at each bed, toilet, bath and shower location used by residents., to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**  
**(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that as part of the organized program of maintenance services there are procedures in place for preventive maintenance.

During a tour of home areas six resident bathroom call systems; a resident bedside call system and three call systems in the Spa room on Magnolia Court were found to be non-functioning. The walls in a resident room were gouged behind the bed and the carpet was heavily soiled. In two resident rooms a ceiling panel approximately 8ft x 2ft above the window was bowing.

Interview with the Environmental Services Manager and review of the Chartwell National Preventative Maintenance Manual confirmed that the home currently does not have a procedure for resident room audits which includes what to inspect, identifying areas of deficiencies, developing an action plan and follow up needed. This was confirmed by the Director of Care.

The preventative maintenance program does not have a procedure in place for resident room audits. [s. 90. (1) (b)]



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**Issued on this 28th day of February, 2014**

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