

Original Public Report

Report Issue Date June 1, 2022
Inspection Number 2022_1210_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
DTCO Long Term Care LP, by its general partner, DTCO Long Term Care MGP (a general partnership) by its partners, DTCO Long Term Care GP Inc. and Arch Venture Holdings Inc.

Long-Term Care Home and City
Chateau Park Long Term Care Home Windsor

Lead Inspector Choose an item.
Cassandra Taylor #725

Additional Inspector(s)
Tatiana Pyper #733564

INSPECTION SUMMARY

The inspection occurred on the following date(s): April 25-27, 2022.

The following intake(s) were inspected:

- Intake #000111-22 (Complaint) relating to Infection Prevention and Control measures and outbreak and testing protocols.
- Intake #006628-22 (Complaint) relating to care concerns during outbreak periods for bathing, staffing and meal choices.

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

- Infection Prevention and Control (IPAC)
- Resident Care and Support Services

INSPECTION RESULTS

WRITTEN NOTIFICATION NURSING AND PERSONAL SUPPORT SERVICES

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: s. 33(1) of O. Reg. 79/10 under the *Long-Term Care Homes Act, 2007* and s. 37(1) of O. Reg. 246/22 under FLTCA

The licensee failed to ensure that four were bathed at a minimum, twice per week and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

On April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the *Long-Term Care Homes Act, 2007* (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 33(1) of O. Reg. 79/10. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 37(1) of O. Reg. 246/22 under the FLTCA.

A complaint was made to the Ministry of Long-Term Care relating to a lack of bathing when the home was in outbreak. The home was in a COVID-19 outbreak from January 1-30, 2022, and an active outbreak during the inspection period of April 25-27, 2022, which began on March 14, 2022.

Non-compliance with s. 33(1) of O. Reg. 79/10 under the LTCHA

During a review of three resident's bathing records, there was documentation indicating Not Applicable (N/A). N/A indicated the bath was not complete. Therefore, the residents would not have received all of their scheduled and required baths for the week when an N/A entry was made.

A resident was noted to have N/A bathing entries on specific days in January 2022. A resident was noted to have a N/A bathing on a specific day in December 2021. A resident was identified as having had no bathing documentation entered for a specific day in January 2022, during the review period the resident did not receive their scheduled bath.

A resident was identified as requiring a specific bathing schedule, as per their care plan. During a review of records, it was noted that the resident did not receive their scheduled bathing on specific dates in December 2021, January 2022, and March 2022. A review of the resident's plan of care indicated that the resident was to be bathed a specific number of times per week.

Non-compliance with s. 37(1) of O. Reg. 246/22 under the FLTCA

During a review of a resident's bathing records, there was documentation indicating N/A. A resident was noted to have a N/A bathing entry on a specific day in April 2022. A review of the resident's plan of care indicated that the resident was to be provided bathing as per their preference a specific amount of times per week.

A resident was identified as requiring a specific bathing schedule, as per their care plan. During a review of records, it was noted that a resident had a N/A entry for bathing documentation on a specific day in April 2022. A review of the resident's plan of care indicated that the resident was to be bathed a specific number of times per week.

During an interview with the Director of Care (DOC), it was indicated by them that the expectation was that if an entry of N/A was entered, there should have been follow-up documentation to support why that entry was made. Otherwise, if it was not documented, the bathing was not done.

Sources: Record reviews for four residents and interview with the DOC.

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WRITTEN NOTIFICATION NUTRITION CARE AND HYDRATION PROGRAMS

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 r. 71(1)c

The licensee has failed to ensure that residents were offered a choice for meals.

A compliant was submitted to the Ministry of Long-term Care relating to all residents not being offered a choice of meals during a COVID-19 outbreak, in December 2021. The home initiated a pandemic menu December 30, 2021, to January 5, 2022. Residents were served an entree for lunch and dinner, with no choice available on Monday December 31, 2021, and Tuesday January 1, 2022. During an interview with the Dietary Manager they indicated that a choice was not provided on Monday December 31, 2021, and Tuesday January 1, 2022.

Sources: Pandemic menu and interview with the Dietary Manager.

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