



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 13, 2016	2016_457630_0035	024563-16, 024772-16, 028613-16	Critical Incident System

Licensee/Titulaire de permis

CVH (No.3) GP Inc. as general partner of CVH (no.3) LP
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H
5L8

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

Chelsey Park
310 OXFORD STREET WEST LONDON ON N6H 4N6

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

AMIE GIBBS-WARD (630)

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): October 5, 2016.

The following Critical Incident inspections were conducted:

024563-16/CI 2655-000063-16 – related to alleged resident to resident abuse and responsive behaviours;

028613-16/CI 2655-000082-16 – related to alleged resident to resident abuse and responsive behaviours;

024772-16/CI 2655-000066-16 – related to alleged resident to resident abuse and responsive behaviours.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing Care, one Nurse Operations Supervisor (NOS), one Registered Nurse (RN), one Registered Practical Nurse (RPN) and one Personal Support Workers (PSW).

The inspectors also observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home and observed video surveillance records.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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. 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 the plan, policy, protocol, procedure, strategy or system that had been developed to meet the needs of residents with responsive behaviours was complied with.

Review of a Critical Incident Report indicated that on a specified date there was an altercation between two identified residents which resulted in an injury to one of these residents.

Review of clinical records for one of the identified residents showed that this resident was being assessed by the physician and staff in the home as well as external resources. As part of these assessments a specified assessment form was to be completed. Review of this specified assessment form found that it was incomplete on seven out of 14 days (50 per cent of the time).

During interviews with staff in the home it was reported that these specified assessment forms were to be completed by the front line staff as part of a resident's behaviour assessment. An identified staff person acknowledged that the assessment form for this resident was incomplete.

The home's policy titled "Responsive Behaviours number 09-05-01" with date of origin "September 2010" included:

- "Procedure 3. If responsive behaviour is observed a more in-depth assessment of the behaviour will be undertaken using any one or combination of the following assessment processes/tools: a) Dementia Observation Scale."
- "Documentation 1. Assessment forms used to fully assess any behaviours identified or witnessed. Forms are to be completed in full with the information obtained in the assessment form integrated into the resident specific plan of care."

During an interview with the Director of Nursing Care (DOC) it was acknowledged that there had been an altercation between two specified residents which resulted in an injury to one of the residents. The DOC acknowledged that the completion of the specified assessment form was an important part of the assessment of this resident's responsive behaviours and this had not been completed. The DOC also said there was a process in place for staff to know which residents required this assessment charting and it was the expectation in the home that the charting would be completed on each shift for identified residents as per the policy. [s. 8. (1) (b)]



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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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place, specifically related to responsive behaviours, are complied with, to be implemented voluntarily.

Issued on this 14th day of October, 2016

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

Original report signed by the inspector.