



**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
May 17, 2017	2017_612610_0002	002698-17, 003447-17, 007742-17	Complaint

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

NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 26, 2017.

The following Complaint Inspection was completed concurrently with two Critical Incident reports:

CI # 2655-000009-17 related to Prevention of Abuse, Neglect and Retaliation.

CI # 2655-000031-17 related to Prevention of Abuse, Neglect and Retaliation.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Nursing Operational Supervisor, one Registered Practical Nurse, one Personal Support worker, family members and residents.

The inspector completed observations of resident care and interaction from staff to residents, reviewed relevant policies and procedures, clinical records, the home's investigation notes, staff (s) human resource files, education and training records, and the plan of care for identified residents.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Prevention of Abuse, Neglect and Retaliation

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

<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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that residents were protected from abuse by anyone and that residents were not neglected by the licensee or staff.



“Neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

The licensee submitted two Critical Incident reports #2655-000009-17 and #2655-000031-17 related to written complaints submitted by an identified resident's Substitute Decision Maker (SDM).

The identified resident had diagnoses that affected the resident's ability to complete activities of daily living therefore required the assistance from staff to complete the tasks required for care.

The SDM for the resident had documented several concerns about the resident requiring care that was not being provided by the staff in the home.

The licensee's Policy Zero Tolerance of Abuse and Neglect Program RC-02-01-01 updated April 2016 states in part that Neglect means the failure to provide a resident with the treatment, care, services or assistance required for the health, and safety or well-being and includes inaction or a pattern of inaction that jeopardizes one or more residents.

The Administrator said that internal investigation for the first complaint received from the resident's SDM resulted in progressive disciplinary action as staff had neglected to respond to the resident's care needs. The Administrator also said that the internal investigation was completed related to the second complaint and that also resulted in disciplinary action to staff related to the breach and seriousness of not responding to the resident care needs.

The Administrator said that it was the homes expectation that all staff are to respond to all resident care needs.

The licensee neglected to provide the resident with the treatment, care, services or assistance required for health, safety or well-being, and included inaction that jeopardizes the health, safety or well-being of the resident.

The severity was minimal harm or potential for actual harm, the scope was isolated, history of the home showed previous non-compliance in an unfamiliar area. [s. 19. (1)]



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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 to ensure that residents were protected from abuse by anyone and that residents were not neglected by the licensee or staff, to be implemented voluntarily.

Issued on this 20th day of June, 2017

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

Original report signed by the inspector.