



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## **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>
Jun 20, 2017	2017_262630_0014	034431-16, 034492-16, 000249-17, 001076-17, 003088-17, 005155-17, 006838-17	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**

AMIE GIBBS-WARD (630), ALI NASSER (523), ANDREA DIMENNA (669), DEBRA  
CHURCHER (670), SHARON PERRY (155)

## **Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): June 5, 6, 7, 8, 9 and 12,  
2017.**

**The following Complaint inspections were conducted:**

**Complaint Log #034492-16 / IL-48435-LO related to preventions of abuse and**



**neglect and responsive behaviours;  
Complaint Log #001076-17 / IL-48853-LO related to preventions of abuse and  
neglect and responsive behaviours;  
Critical Incident Log #034431-16 / CI 2655-000141-16 related to preventions of  
abuse and neglect and responsive behaviours;  
Complaint Log #006838-17 / IL-50123-LO related to minimizing of restraining;  
Complaint Log #000249-17 / IL-48691-LO related to plan of care and skin and  
wound care;  
Complaint Log #003088-17 / IL-49073-LO related to nutrition and hydration;  
Complaint Log #005155-17/ IL-49711-LO related to housekeeping.**

**The following intakes were inspected at the same time as this Complaint inspection  
and can be found in separate reports:**

**Related to falls prevention:**

**Critical Incident Log #006377-16 / CI 2655-000004-16;  
Critical Incident Log #035480-16 / CI 2655-000148-16;  
Critical Incident Log #008765-17 / CI 2655-000042-17;  
Critical Incident Log #008438-17 / CI 2655-000041-17.**

**Related to prevention of abuse and neglect:**

**Critical Incident Log #012810-16 / CI 2655-000040-16;  
Critical Incident Log #015296-16 / CI 2655-000044-16;  
Critical Incident Log #008908-17 / CI 2655-000044-17;  
Critical Incident Log #001759-17 / CI 2655-000005-17;  
Critical Incident Log #034762-16 / CI 2655-000142-16;  
Critical Incident Log #009267-17 / CI 2655-000048-17;  
Critical Incident Log #008057-17 / CI 2655-000034-17;  
Critical Incident Log #018649-16 / CI 2655-000049-16;  
Critical Incident Log #031005-16 / CI 2655-000100-16;  
Critical Incident Log #033031-16 / CI 2655-000116-16;  
Critical Incident Log #034426-16 / CI 2655-000140-16;  
Critical Incident Log #032662-16 / CI 2655-000111-16;  
Critical Incident Log #028921-16 / CI 2655-000086-16;  
Critical Incident Log #005720-17 / CI 2655-000019-17;  
Critical Incident Log #006985-17 / CI 2655-000025-17;  
Critical Incident Log #007255-17 / CI 2655-000029-17;**



**Critical Incident Log #028719-16 / CI 2655-000083-16.**

**Related to prevention of abuse and neglect and responsive behaviours:**

**Critical Incident Log #003972-17 / CI 2655-000014-17;**

**Critical Incident Log #034909-16 / CI 2655-000145-16;**

**Critical Incident Log #034431-16 / CI 2655-000141-16;**

**Critical Incident Log #009097-17 / CI 2655-000047-17.**

**Related to hospitalization and change of condition:**

**Critical Incident Log #017733-16 / CI 2655-000045-16;**

**Critical Incident Log #029722-16 / CI 2655-000091-16.**

**Related to misappropriation of resident money:**

**Critical Incident Log #032248-16 / CI 2655-000105-16;**

**Critical Incident Log #033306-16 / CI 2655-000123-16;**

**Critical Incident Log #032696-16 / CI 2655-000110-16;**

**Critical Incident Log #007647-17 / CI 2655-000030-17.**

**Related to medication administration:**

**Critical Incident Log #026975-16 / CI 2655-000069-16;**

**Critical Incident Log #005337-17 / CI 2655-000017-17;**

**Critical Incident Log #026975-16 / CI 2655-000069-16;**

**Critical Incident Log #028841-16 / CI 2655-000084-16;**

**Critical Incident Log #001571-17 / CI 2655-000004-17;**

**Critical Incident Log #031929-16 / CI 2655-000096-16;**

**Critical Incident Log #031169-16 / CI 2655-000080-16;**

**Critical Incident Log #027346-16 / CI 2655-000074-16;**

**Critical Incident Log #027241-16 / CI 2655-000071-16;**

**Critical Incident Log #032272-16 / CI 2655-000106-16;**

**Critical Incident Log #002776-17 / CI 2655-000011-17.**

**During the course of the inspection, the inspector(s) spoke with the Long Term Care Administrator, the Director of Resident Care, two Nursing Operations Supervisors, the Food Service Manager, the Housekeeping, Laundry and Safety Manager, two Clinical Nurse Coordinators, five Registered Nurses (RN), fourteen Registered Practical Nurses (RPN), 29 Personal Support Workers (PSWs), two Housekeepers, one Dietary Aide, over four family members and over forty**



residents.

The inspectors also observed resident rooms and common areas, observed medication storage areas, observed medication administration, observed residents and the care provided to them, observed meal service, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home and reviewed various meeting minutes.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping**  
**Minimizing of Restraining**  
**Nutrition and Hydration**  
**Prevention of Abuse, Neglect and Retaliation**  
**Responsive Behaviours**  
**Skin and Wound Care**

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 O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device**

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

**s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:**

**4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.) O. Reg. 79/10, s. 110 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where a resident was being restrained by a physical device under section 31 of the Act that the resident was released from the physical device and repositioned at least once every two hours.

During the inspection an identified resident was observed in a specific device that they could not remove. Inspector observed this resident to be in the same position in the specific device for two hours and thirty minutes on one occasion.

Review of the resident's clinical record showed restraint consents and physician orders for the specific device. It also showed that the "Restraint Record" showed no documentation for safety checks, position changes or restraint removal for specific dates and times.

During interviews with multiple staff over the course of the inspection it was reported to Inspector #670 that this resident had a specific device in place which was considered to be a restraint. It was also reported that they were not aware of any expectation related to release of the restraint or repositioning. The staff said that if a resident appeared comfortable when a safety check was completed they would not release the restraint and reposition the resident.

Inspector #670 and the Administrator reviewed "Restraint Record" for this identified resident. The Administrator stated that the home's expectation would be that the staff complete a minimum of hourly safety checks and the restraint released and the resident repositioned at a minimum of every two hours. The Administrator acknowledged that there was no hourly documentation for the resident's care related to restraints for eleven out of the twenty four hours while the resident was restrained on specific dates and also acknowledged that there should have been documentation hourly.

The severity was determined to be a level two as there was potential for actual harm. The scope of this issue was isolated during the course of this inspection. The home does not have a history of non-compliance in this subsection of the legislation. [s. 110. (2) 4.]



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

***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 following requirements are met where a resident is being restrained by a physical device under section 31 of the Act: that the resident is released from the physical device and repositioned at least once every two hours, 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.**