



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

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

**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**

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**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**

**Bureau régional de services de  
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**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>
Jan 17, 2014	2014_232112_0002	L-000049-14	Critical Incident System

**Licensee/Titulaire de permis**

**DIVERSICARE VI LIMITED PARTNERSHIP  
458 Glencairn Avenue, TORONTO, ON, M5N-1V7**

**Long-Term Care Home/Foyer de soins de longue durée  
CHELSEY PARK (OXFORD) NURSING HOME  
310 OXFORD STREET WEST, LONDON, ON, N6H-4N6**

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs  
CAROLE ALEXANDER (112)**

**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): January 16, 2014**

**During the course of the inspection, the inspector(s) spoke with the Director of  
Care, a Registered Nurse, Registered Practical Nurse, Personal Support Worker  
and a Resident.**

**During the course of the inspection, the inspector(s) reviewed a critical incident,  
home's related internal investigation, a resident clinical record and observations  
of a resident, their bedroom, bathroom area and lift equipment were made.**

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



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**Falls Prevention**

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

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)	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.)
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
(a) **the planned care for the resident; 2007, c. 8, s. 6 (1).**  
(b) **the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
(c) **clear directions to staff and others who provide direct care to the resident.**  
2007, c. 8, s. 6 (1).

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**Findings/Faits saillants :**

1. The Licensee did not ensure that a resident's written plan of care provided clear directions to staff as evidenced by:

The plan of care for a resident stated: "Sara Lift for all transfers" under the "Therapy" section and "Maxi Lift" under the "Transferring" section of the care plan.

The resident's assessment states that the resident requires a full Maxi Lift as she does not have any weight bearing capabilities. On one occasion the resident was transferred by 2 Personal Support Workers using a Sara Lift. During this transfer she sustained a fall.

This was confirmed by the Director of Care and a Registered Nurse [s. 6. (1) (c)]

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**Issued on this 17th day of January, 2014**

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

*C. ALEXANDER*