Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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Public Report

Report Issue Date: January 23, 2025
Inspection Number: 2025-1393-0001
Inspection Type: Proactive Compliance Inspection
Licensee: Henley House Limited
Long Term Care Home and City: The Henley House, St Catherines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 14-17, 20-21 and 23, 2025

The following intake(s) were inspected:

- Intake: #00136793 - Proactive Compliance Inspection (PCI) for The Henley House.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (c)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect was posted in the home. On January 17, 2025, it was observed that this information was posted.

Sources: Initial tour of the home; observation of policy posted.

Date Remedy Implemented: January 17, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (r)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure that the explanation of whistleblowing protection was posted in the home. On January 17, 2025, it was observed that this information was posted.

Sources: Initial tour of the home; observation of signage posted.

Date Remedy Implemented: January 17, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 351 (2) 1.
Protection of privacy in reports
s. 351 (2) Where an inspection report mentioned in clause (1) (a), (c) or (d) contains personal information or personal health information, only the following shall be posted, given or published, as the case may be:
1. Where there is a finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding.

The licensee has failed to ensure that where an inspection report contained personal information or personal health information, only a version of the report that had been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding was posted. A licensee copy of an inspection report was posted in the home. There were no reported complaints regarding a privacy breach and the report was removed the same day.

Sources: Observations on first floor of home

Date Remedy Implemented: January 16, 2025

WRITTEN NOTIFICATION: Doors in a home

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff. A room on a resident home area which contained cleaning chemicals used by housekeeping staff was unlocked.

Sources: Observations during tour of the home; staff interview.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the continuous quality improvement committee was composed of at least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the

home and meets the qualification of personal support workers.

Sources: Quality Council Terms of Reference; Continuous Quality Improvement (CQI) meeting minutes; staff interview.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and

The licensee has failed to ensure that their report on the continuous quality improvement initiative for the home included a written record of the results of the resident and family/caregiver experience survey that was taken during the fiscal year.

Sources: Continuous Quality Improvement report

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.
Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that their report on the continuous quality improvement initiative for the home included the dates when the results of the resident and family/caregiver experience survey taken during the fiscal year were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home.

Sources: Continuous Quality Improvement report

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (3)
Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that their report on the continuous quality improvement initiative for the home was provided to the Residents' Council and Family Council.

Sources: Residents' and Family Council meeting minutes; interviews.

WRITTEN NOTIFICATION: CMOH and MOH

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health (CMOH) were followed in the home by ensuring that any alcohol-based hand rub (ABHR) in use was not expired.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, under section 3.1 Infection Prevention and Control (IPAC) measures, ABHR must not be expired.

Expired ABHR was observed in two areas of the home.

Sources: Observations; Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings dated October 2024; staff interviews.