



**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 # / No de registre	Type of Inspection / Genre d'inspection
Aug 13, 2018	2018_689586_0021	019932-18	Critical Incident System

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as
General Partner
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Waterford Long Term Care Residence
2140 Baronwood Drive OAKVILLE ON L6M 4V6

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

JESSICA PALADINO (586)

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): August 8 and 9, 2018.

During the course of the inspection, the inspector(s) spoke with the Administrator, Directors of Care (DOC), Registered Practical Nurses (RPN) and Personal Support Workers (PSW).

During the course of the inspection, the inspector(s) observed resident-staff interactions and reviewed health records and policies and procedures.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Hospitalization and Change in Condition**

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

2 WN(s)

2 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. 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 failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

In accordance with O. Reg. 79/10, s. 52, the licensee was required to ensure there was a pain management program in the home which included the assessment of pain.

The home submitted a Critical Incident System (CIS) report #2908-000028-18 which indicated that resident #001 fell and was transferred to the hospital. The resident returned to the home four days later with an injury and significant change in status.

The licensee's policy, 'Readmission of Resident from LOA, Hospital or Other' (LTC-CA-WQ-100-02-08, last revised April 2017) directed staff to complete assessments as outlined in the Chartwell Assessment Guide. The Chartwell Assessment Guide indicated that staff were to complete a pain assessment upon a resident's return from hospital only if J2a and/or J2b were greater than zero in Minimum Data Set (MDS) Assessment; however, the guide also indicated that other assessments may be required depending on the resident's status.

The licensee's policy, 'Pain' (LTC-CA-WQ-200-05-04, last revised December 2017), indicated that registered staff were to formally assess residents for the presence of pain upon return from hospital. If pain was present, they were to complete a Comprehensive Pain Assessment.

The resident's documented plan of care in place prior to the fall and return from hospital included a pain management section. A review of the resident's health record did not identify any comprehensive pain assessments upon return from hospital. A progress note completed upon return indicated that the resident was experiencing pain.

In interviews with RPN #100 and RPN #101, both indicated that it was the expectation of the home that when a resident returned from hospital, they were to receive a comprehensive pain assessment, to be documented in the Assessments tab of Point Click Care (PCC). RPN #101 confirmed that there were no assessments present in the resident's assessment tab, including a pain assessment. The RPN confirmed that this should have been completed for the resident on the identified date that they returned from hospital.



In interviews with DOC #1 and DOC #2 they confirmed that a comprehensive pain assessment should have been completed for resident #001. DOC #2 confirmed that the home's policy regarding return from hospital was not complied with. [s. 8. (1) (b)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that a resident at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital.

The resident's documented plan of care in place prior to the fall and return from hospital included a pain management section. A review of the resident's health record did not identify any comprehensive pain assessments upon return from hospital. A progress note completed upon return indicated that the resident was experiencing pain.

The licensee's policy, 'Readmission of Resident from LOA, Hospital or Other' (LTC-CA-WQ-100-02-08, last revised April 2017) directed staff to complete assessments as outlined in the Chartwell Assessment Guide. The Chartwell Assessment Guide indicated that staff were to complete an 'Initial Skin and Wound' assessment upon a resident's return from hospital.

A review of the resident's health record did not identify any skin and wound assessments upon return from hospital. In interviews with RPN #100 and RPN #101, both indicated that it was the expectation of the home that when a resident returned from hospital, they were to receive a skin and wound assessment, to be documented in the Assessments tab of PCC. If an area of altered skin integrity was identified, referral to the Registered Dietitian (RD) was to be completed. RPN #101 confirmed that there were no assessments present in the resident's assessment tab, including a skin and wound assessment. The RPN confirmed that this should have been completed for the resident on the identified date that the resident returned from hospital.

In an interview with DOC #2, they confirmed that the resident did not receive a skin and wound assessment upon return from hospital. Subsequently, a referral to the RD was not completed because there was no identification of any areas of altered skin integrity, even though bruising was likely present, because the skin and wound assessment was not completed. The DOC confirmed that the resident should have received a skin and wound assessment upon return from hospital. [s. 50. (2) (a) (ii)]



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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 a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital, to be implemented voluntarily.

Issued on this 13th day of August, 2018

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

Original report signed by the inspector.