

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

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

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 20, 2020	2020_767643_0023	022209-20	Other

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**Licensee/Titulaire de permis**

Chartwell Master Care LP  
7070 Derrycrest Drive MISSISSAUGA ON L5W 0G5

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

Chartwell White Eagle Long Term Care Residence  
138 Dowling Avenue TORONTO ON M6K 3A6

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

ADAM DICKEY (643), MATTHEW CHIU (565)

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

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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): November 9, 10 and 12, 2020.**

**This inspection was a Toronto Service Area Office initiated inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Skin and Wound Care lead, Registered Practical Nurses (RPN), Registered Physiotherapist, Food Services Manager, Personal Support Workers (PSW), dietary aide, cook and residents.**

**During the course of the inspection the inspector(s) conducted a tour of the home, observed resident and staff interactions and the provision of care, observed resident meal service, reviewed resident health records, pest control service records, staff training records and relevant policies and procedures.**

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

**Accommodation Services - Housekeeping**

**Dining Observation**

**Falls Prevention**

**Medication**

**Reporting and Complaints**

**Residents' Council**

**Skin and Wound Care**

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

**1 WN(s)**

**0 VPC(s)**

**1 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>Légende</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. 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,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
  - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
  - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
  - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that residents #001 and #005, who were exhibiting skin alteration were assessed by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

a. Resident #001 was reviewed related to skin and wound care during this Service Area Office initiated inspection. The resident had been noted to have a new skin alteration as documented in the resident's progress notes. No assessment of this skin alteration was identified in the resident's assessments in the electronic record. Interviews with registered staff and review of the home's policy, indicated that when a resident has a new area of altered skin integrity, an initial assessment was to be carried out using the Initial Skin and Wound Assessment in the electronic record. Registered staff indicated an assessment was not carried out using the assessment instrument, and the area had since healed.

Sources: Resident #001's progress notes, skin and wound assessments, treatment administration records (TAR), the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead.

b. Resident #005 was reviewed due to identified noncompliance with O. Reg. 79/10, s. 51. (2) (b) for resident #001. Resident #005's progress notes indicated that they had a new area of skin alteration identified. The progress note indicated the skin alteration was cleansed, and a protective dressing applied. No assessment was identified of the skin alteration using the initial skin and wound assessment in the electronic record. The skin and wound lead indicated an assessment should have been carried out by registered staff as the resident had a skin alteration identified.

Sources: Resident #001's progress notes, skin and wound assessments, the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that residents #001 and #005, who were exhibiting altered skin integrity, were reassessed at least weekly by a member of the registered nursing staff.

a. Review of resident #001's progress notes showed that a new skin alteration was reported by PSW staff. An assessment was carried out in the electronic record, and treatment was ordered and entered into the electronic treatment administration record (eTAR). No weekly assessment was scheduled for the following week. A weekly assessment was scheduled in the eTAR, to be completed during the second week, but no assessment was documented. An assessment was carried out 19 days after onset of the skin alteration, which indicated the alteration had worsened. Interviews with registered staff and skin and wound care lead indicated that weekly assessments would be carried out on Mondays each week. The staff members stated that weekly assessments were indicated, and not carried out as required. The resident was at risk of actual harm as a result of the assessments not being carried out, as the area of altered skin integrity worsened according to the assessment data.

Sources: Resident #001's progress notes, skin and wound assessments, treatment administration records (TAR), the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead.

b. Resident #005 was noted to have developed a new area of skin alteration. The resident was assessed initially, with treatment orders initiated to prevent further skin breakdown. No further assessment of the area of skin alteration was identified in the electronic record. Progress notes showed the area of skin alteration was not resolved as

documented five weeks later, when it was noted to be healing. The Skin and wound care lead indicated that this area of skin alteration should have been assessed weekly as per the home's policy using the weekly assessment tool in the electronic record. The resident was at minimal risk as treatments were in place to promote healing of the area of skin alteration.

Sources: Resident #005's progress notes, skin and wound assessments, the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead. [s. 50. (2) (b) (iv)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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Issued on this 23rd day of November, 2020

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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

Division des opérations relatives aux soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** ADAM DICKEY (643), MATTHEW CHIU (565)

**Inspection No. /**

**No de l'inspection :** 2020\_767643\_0023

**Log No. /**

**No de registre :** 022209-20

**Type of Inspection /**

**Genre d'inspection:** Other

**Report Date(s) /**

**Date(s) du Rapport :** Nov 20, 2020

**Licensee /**

**Titulaire de permis :** Chartwell Master Care LP  
7070 Derrycrest Drive, MISSISSAUGA, ON, L5W-0G5

**LTC Home /**

**Foyer de SLD :** Chartwell White Eagle Long Term Care Residence  
138 Dowling Avenue, TORONTO, ON, M6K-3A6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Adyanes Lachowski

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To Chartwell Master Care LP, you are hereby required to comply with the following  
order(s) by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**No d'ordre :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

**Order / Ordre :**



**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

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The licensee must be compliant with s 50. (2) of O. Reg. 79/10.

Specifically, the licensee must:

1) Provide re-training to registered staff to include but not be limited to the following:

a) The definition of altered skin integrity, and what type of conditions should be treated as altered skin integrity; and

b) The assessment process for registered staff to complete an initial assessment of each area of altered skin integrity for residents, and the initiation of weekly assessments until the area of altered skin integrity is noted to be resolved.

2) Maintain a written record of the training provided, which should include the name and signature of the registered staff member, the date the training was provided, the method of training provided and the materials presented.

3) Implement an auditing system to ensure registered staff conduct assessments of altered skin integrity, and complete weekly assessments. The auditing should be conducted randomly for a period of one month following the service of this order.

4) Maintain a written record of audits conducted including the resident reviewed, type of altered skin integrity, date of onset of the area of altered skin integrity, date of initial assessment by registered staff, whether weekly assessments were conducted until the area of altered skin integrity was resolved, the name of the person completing the audit and the result of the audit including any corrective action taken in response to the audit.

**Grounds / Motifs :**

1. The licensee has failed to ensure that residents #001 and #005, who were exhibiting skin alteration were assessed by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

a. Resident #001 was reviewed related to skin and wound care during this Service Area Office initiated inspection. The resident had been noted to have a new skin alteration as documented in the resident's progress notes. No assessment of this skin alteration was identified in the resident's assessments in the electronic record. Interviews with registered staff and review of the home's

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policy, indicated that when a resident has a new area of altered skin integrity, an initial assessment was to be carried out using the Initial Skin and Wound Assessment in the electronic record. Registered staff indicated an assessment was not carried out using the assessment instrument, and the area had since healed.

Sources: Resident #001's progress notes, skin and wound assessments, treatment administration records (TAR), the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead.

b. Resident #005 was reviewed due to identified noncompliance with O. Reg. 79/10, s. 51. (2) (b) for resident #001. Resident #005's progress notes indicated that they had a new area of skin alteration identified. The progress note indicated the skin alteration was cleansed, and a protective dressing applied. No assessment was identified of the skin alteration using the initial skin and wound assessment in the electronic record. The skin and wound lead indicated an assessment should have been carried out by registered staff as the resident had a skin alteration identified.

Sources: Resident #001's progress notes, skin and wound assessments, the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead. (643)

2. The licensee has failed to ensure that residents #001 and #005, who were exhibiting altered skin integrity, were reassessed at least weekly by a member of the registered nursing staff.

a. Review of resident #001's progress notes showed that a new skin alteration was reported by PSW staff. An assessment was carried out in the electronic record, and treatment was ordered and entered into the electronic treatment administration record (eTAR). No weekly assessment was scheduled for the following week. A weekly assessment was scheduled in the eTAR, to be completed during the second week, but no assessment was documented. An assessment was carried out 19 days after onset of the skin alteration, which indicated the alteration had worsened. Interviews with registered staff and skin

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and wound care lead indicated that weekly assessments would be carried out on Mondays each week. The staff members stated that weekly assessments were indicated, and not carried out as required. The resident was at risk of actual harm as a result of the assessments not being carried out, as the area of altered skin integrity worsened according to the assessment data.

Sources: Resident #001's progress notes, skin and wound assessments, treatment administration records (TAR), the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead.

b. Resident #005 was noted to have developed a new area of skin alteration. The resident was assessed initially, with treatment orders initiated to prevent further skin breakdown. No further assessment of the area of skin alteration was identified in the electronic record. Progress notes showed the area of skin alteration was not resolved as documented five weeks later, when it was noted to be healing. The Skin and wound care lead indicated that this area of skin alteration should have been assessed weekly as per the home's policy using the weekly assessment tool in the electronic record. The resident was at minimal risk as treatments were in place to promote healing of the area of skin alteration.

Sources: Resident #005's progress notes, skin and wound assessments, the home's policy #LTC-CA-WQ-200-08-03 titled "Wound Care Treatment" revised December 2017, interviews with registered staff and skin and wound care lead.

An order was made by taking the following factors into account:

Severity: There was risk of actual harm to resident #001 as the resident was exhibiting altered skin integrity which worsened over the period in which weekly assessments were not carried out.

Scope: Two out of the three residents reviewed did not receive assessment of areas of altered skin integrity, nor weekly assessment of areas of altered skin integrity, demonstrating a pattern of non-compliance.

Compliance History: Seven written notification (WN) and three voluntary plans of

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2007, chap. 8

correction (VPCs) were issued to the home related to different subsections of  
the legislation in the past 36 months. (643)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Mar 31, 2021

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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2007, c. 8

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2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 20th day of November, 2020**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

Adam Dickey

**Service Area Office /**

**Bureau régional de services : Toronto Service Area Office**