

**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**

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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
May 28, 2020	2020_718751_0005	021002-19, 021003- 19, 021854-19, 003059-20	Critical Incident System

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as
General Partner
7070 Derry Crest Drive MISSISSAUGA ON L5W 0G5

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

Chartwell Woodhaven Long Term Care Residence
380 Church Street MARKHAM ON L6B 1E1

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

ASAL FOULADGAR (751)

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): February 26, 27, 28, March 2, 3, 4, 5, 6, 9, 10, 11, 2020.

During this inspection, the following intakes were inspected:

One intake related to Falls Prevention

**One intake related to follow-up compliance order r. 36 from inspection
#2019_810654_0005**

**One intake related to follow-up compliance order s.19. (1) from inspection
#2019_810654_0005**

**One intake related to follow-up compliance order r. 48. (1) from inspection #
2019_810654_0004**

**A Complaint inspection #2020_814501_0004 was conducted concurrently with this
Critical Incident System and Follow-Up Inspection.**

**During the course of the inspection, the inspector(s) spoke with the Director of
Care (DOC), Assistant Director of Care (ADOC), Resident Care Coordinators
(RCCs), registered nurses (RNs), registered practical nurses (RPNs), personal care
providers (PCPs), and residents.**

**During the course of the inspection, the inspector observed residents, staff and
resident's interactions and provision of care, reviewed health records, the home's
investigation notes, and other pertinent documents.**

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2019_810654_0005		751
O.Reg 79/10 s. 36.	CO #002	2019_810654_0005		751
O.Reg 79/10 s. 48. (1)	CO #001	2019_810654_0004		751

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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee failed to comply with every order made under the Act.

On October 18, 2019, the following compliance order (CO) #001 from inspection #2019-810654-0004 made under O. Reg 79/10, s. 48. (1), was issued:

1. Ensure that direct care staff on all shifts implement the falls prevention and management interventions for residents #007, #008, #015, #016, #017, #018, #019, #020, #022, #023, #024, #025, #026, #027, and #028 and all other residents who are at risk for falls in the home.

2. Provide training to all registered nursing staff and personal care providers on:
I. Implementing falls prevention and management interventions on all shifts for the residents who are determined to be at risk for falls, with the aim to reduce the incidence of falls and the risk of injury.

II. The importance for staff to follow the home's policy on Resident's Falls Prevention Program, and relevant guidance and instructions specified in individual resident's care plan, specifically to falls prevention and injury reduction strategies, and universal fall precautions implemented by the home.

Maintain the related training records including attendance records, dates the training was provided, and who provided the training.

3. Conduct post-training evaluation for the staff to ensure comprehension of the training material and maintain the evaluation records.

4. Develop and implement an on-going auditing process to ensure that all staff on all shifts implement falls prevention and management interventions for the residents with the fall risk. The auditing process must include all shifts.

Maintain a written record of the auditing process including the frequency of the audits, who will be responsible for doing the audits and evaluation of the results. The written record must also include the date and location of the audit, resident's name, name of staff members audited, and name of the person completing the audit.

The compliance due date was on an identified date.

1. During this inspection several observations, record reviews, and interviews were made

regarding step one of the above compliance order. Review of residents #008, #016, #017, #019, #022, and #025's clinical records and current written plans of care indicated that the residents were at risk for falls, had cognitive impairment and required assistance from staff members to complete their activity of daily living (ADLs).

Residents #008 and #016's plans of care under the falls focus indicated that they were at high risk for falls and required to have certain falls prevention equipment as part of the falls prevention and management interventions.

During multiple observations on different identified dates, resident #016 and #008 did not have the identified falls prevention equipment. These observations were confirmed with Personal Care Provider (PCP) #104, #107, Registered Practical Nurse (RPN) #108, and Resident Care Coordinator (RCC) #106.

A review of residents #017, #019, and #025's written plans of care under falls focus indicated that they were required to have an identified falls prevention equipment on their mobility devices as one of the falls prevention and management interventions.

During multiple observations on an identified date, residents #017, #025, and #019 were observed not to have the identified falls prevention equipment on their mobility devices. These observations were confirmed with PCP #102, #103, and #104. PCP #104 informed RPN #105 about the above observation and later on RPN #105 provided PCP #104 with the identified equipment for the above-mentioned residents.

Review of resident #022's written plan of care indicated that the resident was at high risk for falls and tended to be self-transferring at times without calling for help. Staff were required to follow specific interventions in order to mitigate resident's risk for falls.

During an observation on an identified date, resident #022 was observed not to have the specified falls prevention interventions in place as indicated in their written plan of care. This observation was confirmed with PCP #104.

In an interview with Director of Care (DOC) #109, the above observations were reviewed. DOC #109 acknowledged that the staff failed to provide all falls prevention and management interventions indicated in the plans of care for residents #008, #016, #017, #019, #022, and #025 as required under part one of the above compliance order.

In relation to parts two, three, and four of the above compliance order, the inspector

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reviewed the home's "Falls Prevention 2019-2020" binder which included training materials on falls prevention and management interventions and injury reduction, attendance records of registered staff and PCPs, the person who completed the training, and post-training evaluation forms. As a result of this review, the requirements under part two and three of the above order was met.

Further documents were reviewed by the inspector in relation to part four of the above compliance order. The documents reviewed included "Action Plan "regarding the auditing process and an audit sheet titled as "Falls Management Program Observation Audit" Four completed audit sheets also provided by the home that were completed on two identified shifts prior to the compliance order due date.

In an interview with DOC #109, they acknowledged that the auditing process developed by the home did not indicate the frequency of the audits. DOC #109 also acknowledged that the home was not able to audit all staff in all shifts and the evaluation of the results was not completed.

The licensee failed to ensure that part one and four of the above compliance order made under the Long-Term Care Home Act had been complied as the direct care staff failed to implement the falls prevention and management interventions for residents #008, #016, #017, #019, #022, and #025 as required in part one of the order. The licensee also failed to develop and implement an auditing process related to falls prevention and management interventions for residents at risk for falls as required under part four of the above compliance order. [s. 101. (3)]

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 with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts, to be implemented voluntarily.

Issued on this 9th day of June, 2020

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

Original report signed by the inspector.