

**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**Central East Service Area Office  
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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>
Aug 26, 2021	2021_875501_0018	003787-21, 003971- 21, 004255-21, 004380-21	Complaint

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**Licensee/Titulaire de permis**Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as  
General Partner  
7070 Derrycrest 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**

SUSAN SEMEREDY (501)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): August 11, 12, 13, 16, 17, 18, 19, 20, 2021.**

**The following intakes were inspected during this complaint inspection:  
Log #004380-21; Log #003971-21 and Log #004255-21 related to the prevention of falls; and,  
Log #003787-21 related to a follow up to Compliance Order #001 from inspection #2021\_814501\_0005 regarding care being provided as specified in the plan of care with compliance due date of June 30, 2021.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Physiotherapist (PT), Maintenance Supervisor, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Care Providers (PCPs), housekeepers, and a substitute decision-maker (SDM).**

**During the course of the inspection, the inspector observed resident and staff interactions, meal and snack services, and IPAC practices. The inspector reviewed clinical health records, relevant home policies and procedures, the home's investigation notes, video surveillance recording, and other pertinent documents.**

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

**Falls Prevention  
Infection Prevention and Control  
Nutrition and Hydration  
Personal Support Services  
Responsive Behaviours**

**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)**

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. 6. (7)	CO #001	2021_814501_0005		501

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Légende

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure a PCP used a safe positioning device and technique when assisting a resident.

A resident had a fall and sustained an injury. The resident was known to have weakened recently due to illness. A PCP, who no longer works at the home, used a device to provide assistance with an activity of daily living even though they were advised not to by co-workers. According to the Physiotherapist, the device was not suitable for this resident because they did not have the appropriate body strength. According to the Administrator such devices are no longer being used for such an activity of daily living and the home has since purchased other devices more suitable.

Failing to use proper devices for positioning puts residents at risk for injury.

Sources: The resident's medical record, the home's investigation notes, video surveillance recording, and interviews with the Physiotherapist, Administrator and other staff. [s. 36.]

***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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

Specifically failed to comply with the following:

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a PCP participated in the implementation of the infection prevention and control program.

A PCP was observed entering a room to serve a nourishment. The room had signage to indicate contact and droplet precautions were to be taken. The PCP put on and took off personal protective equipment (PPE) except for a face shield. The PCP stated they were told these were no longer necessary. During an interview, the ADOC indicated that face shields were part of the PPE required for those under contact and droplet precautions.

Failing to use the required PPE puts residents at risk for the spread of infectious disease.

Sources: Observation and interview with ADOC and other staff. [s. 229. (4)]

***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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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**Issued on this 27th day of August, 2021**

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

**Original report signed by the inspector.**