



**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 prévue
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
Mar 28, 2019	2019_791739_0009	004937-19, 005155-19	Critical Incident System

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Royal Oak Long Term Care Residence
1750 Division Road North KINGSVILLE ON N9Y 4G7

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

JULIE DALESSANDRO (739)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 25, 26, and 27, 2019.

The following intakes were completed in this Critical Incident System Inspection:

Log #005155-19, CI #2939-000001-19 related to falls

Log #004937-19, CI #2939-000007-19 related to abuse

During the course of the inspection, the inspector(s) spoke with Personal Support Worker(s), Registered Practical Nurse(s), Assistant Director of Nursing (education lead), as well as the Administrator.

During the course of this inspection the inspector(s) also conducted record reviews, resident interviews, and observations.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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)



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. 76. Training

Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee had failed to ensure that the persons who had received training under



subsection (2) received retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Long-Term Care Homes Act, 2007, s. 76. (2) documented that every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Ontario Regulation 79/10 r. 218. documented that for the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided: 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.

Ontario Regulation 79/10 r. 219. (1). The intervals for the purposes of subsection 76. (4) of the Act are annual intervals.

Long-Term Care Homes Act, 2007, s. 76. (1) documented that every licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section. 2007, c.8, s. 76 (1).

Critical Incident System (CIS) report #2939-000001-19 was submitted to the Ministry of Health and Long-Term Care on a specific date with Critical Incident dated three days prior to the report.

The CIS identified that resident #002 had a fall which resulted in an injury to a specific part of their body. Due to this fall, resident #002 required specific assistance for transferring which was different than their previous need. Upon inspection of this fall incident the inspector discovered that Personal Support Worker (PSW) #106 had last received annual lift and transfer training in 2017.

Record review of resident #002's current care plan indicated that they required total assistance with two staff and specific assistance for all transfers.

During an interview with Personal Support Worker (PSW) #106, PSW stated that after their fall resident #002 required specific assistance for transfers. During the same interview PSW #106 stated that they received lift and transfer training when they were first hired in 2017 and that their annual education had been cancelled in 2018.



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Record review of the home's Mechanical Lifts and Resident Transfers Policy , last revised in a specific month and year stated that, on hire and then annually, education would have been provided to staff on safe transferring and the use of mechanical lifts. A component of this education was the need for staff to have had demonstrated to the trainer that they safely used mechanical lifts.

During an interview with Assistant Director of Nursing (ADOC) #104, they stated that staff were expected to have had lift and transfer training completed upon hire and annually thereafter. ADOC #104 acknowledged that PSW #106 had not completed their annual lift and transfer training in 2018. [s. 76. (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 related to annual training of safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities, to be implemented voluntarily.

Issued on this 29th day of March, 2019

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

Original report signed by the inspector.