

**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**London 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>
Jul 23, 2020	2020_607523_0021	002538-20, 003817- 20, 012916-20	Complaint

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**Licensee/Titulaire de permis**Chartwell Master Care LP  
7070 Derrycrest Drive MISSISSAUGA ON L5W 0G5**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**

ALI NASSER (523), CAROLEE MILLINER (144)

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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): July 20, 2020.**

**This inspection was completed for the following Intakes:**

**Complaint Log #002538-20, related to personal care concerns and staffing shortages.**

**Complaint Log #012916-20, related to personal care concerns and COVID-19 protocols.**

**Critical Incident Log #003817-20, related to a resident's fall.**

**This inspection was completed concurrently with Follow Up inspection #2020\_607523\_0020.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Office Manager/Scheduler, a Personal Support Worker, six Registered staff members and two residents.**

**The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.**

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

**Falls Prevention**

**Sufficient Staffing**

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

The home submitted a Critical Incident System (CIS) report on a certain date related to a resident's fall that resulted in an injury.

ONTARIO REGULATION 79/10, section 48. (1) stated "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury."

A review of the home's policy subject: Resident Falls Prevention Program Revised June 2019. Procedure 6-I stated "Registered staff will complete other clinical assessments (i.e. Pain, Skin, etc.) and initiate referrals as required. In addition, registered staff will complete the Scott Fall Risk Assessment for resident with serious fall injury and multiple falls."

A clinical record review for a specific resident showed that the resident had a fall on specific date which resulted in an injury. A further clinical record review showed that there was no Scott Fall risk Assessment completed for the resident post fall and sustained injury.

In an interview the Director of Care (DOC) confirmed that the resident sustained an injury post fall and that a Scott Fall Risk Assessment was not completed for the resident.

DOC said that the staff should have completed the Scott Fall Risk Assessment for the resident after this fall and the expectation was for the staff to comply with the home's policy. [s. 8. (1) (a),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.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care  
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:  
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's health conditions including risk of falls.

The home submitted a CIS report on a certain date related to a resident's fall that resulted in an injury.

During inspection a clinical record review showed that the plan of care was not based on the resident's fall risk assessment.

In an interview the DOC said that the care plan specific to falls risk was not based on the resident' fall risk assessment. DOC said that the expectation was for the care plan to be based on the assessment of the resident. [s. 26. (3) 10.]

***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 the plan of care is based on an interdisciplinary assessment with respect to the resident's health conditions including risk of falls, to be implemented voluntarily.***

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**Issued on this 24th day of July, 2020**

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

**Original report signed by the inspector.**