

**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 |
|--|---|-----------------------------------|--|
| Oct 23, 2020 | 2020_747725_0012 | 019232-20, 019968-20 | Complaint |

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

CASSANDRA TAYLOR (725)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 8-9 and 13, 2020.

Inspector Amie Gibbs-Ward (630) also present for inspection.

**The following intakes were completed within this complaint inspection;
Log #019232-20 - Follow-up to inspection #2020_747725_0008 relating to
compliance order #001 for air temperatures,
Log #019968-20 - Complaint inspection relating to staffing levels effecting resident
care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
the Assistant Director of Care, a Registered Nurse, a Registered Practical Nurse,
four Personal Support Workers, two agency Personal Support Workers, a Dietician,
the assisting RAI/MDS Coordinator, the Scheduling Coordinator, two Maintenance
Staff and residents.**

**The inspector also made observations of staff to resident interactions, dining and
reviewed relevant documents.**

The following Inspection Protocols were used during this inspection:

**Dining Observation
Personal Support Services
Safe and Secure Home
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)**

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 |
|--------------------------|------------------------------------|-----------------------------------|----|---------------------------------------|
| O.Reg 79/10 s. 21. | CO #001 | 2020_747725_0008 | | 725 |

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.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that 35 residents were bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements.

A complaint was submitted to the Ministry of Long-term Care (MLTC) relating to staffing levels affecting resident care needs. Personal Support Workers (PSW) #103 and #111, indicated that when working short resident baths are missed, staff try to make them up later, but that does not always happen. Review of the documentation indicated that between the time frame of October 1 to October 14, 2020, 35 residents had missed at least one bath per week. It was indicated by the home's Administrator that the home had a miss communication in their scheduling and was scheduling one less PSW during the day shift than planned.

Missed bathing provides a minimal potential risk to the resident that could affect their hygiene.

Sources: Administrator and PSW interviews, Point of Care (POC) record review and schedule review. [s. 33. (1)]

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 all residents are bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

Findings/Faits saillants :

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1. The licensee has failed to ensure that resident #005, #006, #007 and #008's written records were kept up to date at all times.

A complaint was submitted to the MLTC relating to staffing levels affecting resident care needs. PSW #102 and #111 indicated that when the home was working short staffed, care was provided to the residents first then other tasks were completed if time allowed. Review of the documentation indicated multiple incomplete documentation entries. Resident #005 had missing entries for some of their care tasks for an evening shift in October, 2020. Resident #006 had missing entries for an entire evening shift in October, 2020. Resident #007 had missing entries for some of their care tasks for an evening shift in October, 2020. Resident #008 had missing entries for some of their care tasks for a day shift in October, 2020. Review of the homes schedule for the time frame of October 1 to October 14, 2020, indicated that at times staffing was not at the full complement and often not evenly distributed to meet the residents care needs.

Missed documentation provides a potential risk, as required tasks can be missed resulting in potential negative effects for the resident.

Sources: PSW and Administrator interviews, POC record review for resident #005, #006, #007 and #008 and schedule review. [s. 231.]

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 all residents written records are kept up to date at all times., to be implemented voluntarily.

Issued on this 3rd day of November, 2020

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

Original report signed by the inspector.