

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
Jul 13, 2021	2021_791739_0026	007956-21, 008763- 21, 008812-21, 010161-21, 010162- 21, 010170-21	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

JULIE DALESSANDRO (739), CASSANDRA TAYLOR (725), DEBRA CHURCHER (670)

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): June 8, 9, 10, 11, 14, 15, 16, 17, 18, 21, 22, 23, 24, and 30, 2021

**During the course of this inspection the following intakes were completed:
Related to to staffing and resident care:**

Log #007956-21

Log #008763-21

Log #008812-21

Related to temperature of the home:

Log #010161-21

Log #010162-21

Log #010170-21

During the course of the inspection, the inspector(s) spoke with Resident(s), a scheduler, Personal Support Worker(s), Registered Practical Nurse(s), Registered Nurse(s), the Assistant Director of Care, and Administrator.

During the course of this inspection the inspector(s) also conducted observation and record review relevant to the inspection.

The following Inspection Protocols were used during this inspection:

Medication

Personal Support Services

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

6 WN(s)

1 VPC(s)

5 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. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

The licensee had failed to ensure that the provision of the care set out in the plan of care for residents #009, #010, and #011 was documented in the treatment administration record.

During the course of a complaint inspection, Inspector #739 was informed that treatments were not completed for residents in a specific neighbourhood.

A record review of resident #009, #010, and #011's Treatment Administration Records (TARs) for two consecutive months indicated that they had treatments that were to be completed daily. Upon further review of the TAR for the two months it was noted that not all treatments were signed for.

During an interview with RPN #124 they reviewed the TAR for all three residents and stated that there was no signature documented for the treatment provided.

During an interview with the home's Assistant Director of Care (ADOC) they acknowledged that the TAR was not signed for resident #009, #010, and #011, but should have been.

Not documenting treatment that was provided posed a risk to the residents as it was unclear if they received their treatment.

Sources: TAR from PCC, interview with RPN #124 and the ADOC.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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 :

The licensee had failed to ensure that residents #002, #004, #005, and #006 were bathed, at a minimum, twice a week.

A complaint was received by the Ministry of Long-Term Care which stated that several residents were not receiving their bath twice a week.

Resident #002, #004, #005, and #006 were to receive a bath twice a week as per their plans of care.

Record review of the care record report in PCC for three consecutive months showed that several baths were unsigned for all four residents.

During interviews with Personal Support Workers (PSW's) #105, #106, and #107 they stated that when they were unable to provide a resident with a bath they did not sign for it in POC.

The home's bathing policy LTC-CA-WQ-100-09-01, 200-Clinical and Resident Care, last revised December 2017 stated in part that bathing was to be documented in the POC terminal.

During an interview with the home's Assistant Director of Care (ADOC) they acknowledged that the baths for resident #002, #004, #005, and #006 were not signed for in POC and therefore not completed.

Missing several baths put the residents at risk for impaired skin integrity.

Sources: Care record report in PCC, home's bathing policy, interview with PSW #105, #106, #107, and the home's ADOC.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

The licensee had failed to ensure that residents #001 and #005 who were exhibiting altered skin integrity were reassessed, by a member of the registered nursing staff, at least weekly using a clinically appropriate assessment tool.

Record review of resident #001 and #005's skin and wound assessments in Point Click Care indicated that they had altered skin integrity which required weekly assessment.

Record review of resident #001's weekly assessments in the assessment tab in PCC indicated that the initial assessment of the altered skin integrity was completed but weekly thereafter they were not completed in full.

Record review of resident #005's weekly assessments in the assessment tab in PCC indicated that the assessments completed in a specific month were not completed in full.

During an interview with the home's Assistant Director of Care (ADOC) they stated that for impaired skin integrity an assessment should have been completed weekly, in full, until the areas were no longer impaired. The ADOC acknowledged that this was not completed for resident #001 and #005.

Not completing weekly assessments posed a risk to residents as wounds were not being monitored.

Sources: weekly wound assessments in Point Click Care and an interview with the Assistant Director of Care.

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

The licensee had failed to ensure that drugs were administered to residents #001, #007, and #012 in accordance with the directions for use specified by the prescriber.

A complaint was received by the Ministry of Long-Term Care related to a medication incident for resident #001.

A record review of resident #001's progress notes in Point Click Care (PCC) indicated that the resident was to have two specific medications administered until a specific date.

A record review of resident #001's progress notes in PCC indicated that they missed a total of five doses between the two medications.

During an interview with RN #100 they stated that there were five doses of medication not administered to the resident.

During an interview with the Assistant Director of Care (ADOC) they stated that they were aware of this medication incident and they acknowledged that the medications were not administered.

Resident #007 and #012 were scheduled to receive medication at a specific time on a specific date. A record review of their progress notes stated in part that, all scheduled medications were administered late.

During an interview with resident #007 they stated in part that, they had received their medication late.

A record review of the Medication Administration Audit in PCC for resident #007 and #012 showed that medication was administered late.

During an interview with Registered Practical Nurse (RPN) #127 they stated that they

were unable to administer medication on time to resident #007, #012 and all other residents on a specific neighbourhood.

Medication not being administered as directed by the prescriber posed a risk to residents as they either missed doses of medication or did not receive medication on time.

Sources: Medication administration record and medication administration audit from point click care, interview with a resident, RPN #127 and the Assistant Director of Care.

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

The licensee had failed to ensure that there was a written staffing plan which included a back-up plan for nursing and personal care staffing that addressed situations when registered staff could not come to work.

An anonymous complaint was received by the Ministry of Long-Term Care related to reduced staffing levels.

A record review of the “Chartwell Royal Oak Staffing Plan” did not include a back-up plan for nursing and personal care staffing that addressed situations when Registered Practical Nurses (RPN’s) could not come to work.

During an interview with Registered Nurse (RN) #112 they stated in part that, the home was not following the staffing plan.

During an interview with RN #100 they stated in part that, a new reduced staff protocol was put in place recently but had not been reviewed with them. They also stated that once they reviewed the protocol on their own there wasn’t anything that addressed who would complete specific care for residents.

During an interview with the home’s Administrator they stated in part that they were not familiar with the current reduced staff protocol and when reviewing it stated, “it doesn’t make sense”. When asked how the staff know who is responsible to complete the wound treatments when working with reduced RPN staff the Administrator said, “the RN’s would be responsible for the treatments and I think they just know to do them”.

The home’s staffing plan not including a back-up plan for when registered staff could not come to work puts resident at risk for late or missed care.

Sources: The home’s staffing plan, interview with RN #112, 110, and the home’s Administrator.

Additional Required Actions:

CO # - 005 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature
Specifically failed to comply with the following:**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be
documented at least once every morning, once every afternoon between 12 p.m.
and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

Findings/Faits saillants :

The licensee had failed to ensure that the air temperature in resident rooms and common areas were documented at least once every evening for at least two resident bedrooms in different parts of the home and one resident common area on every floor of the home.

A complaint was received by the Ministry of Long-Term regarding air temperatures in the home.

The home's "Heat Risk and Cold Weather Precautions" Policy stated in part that, the environmental Services Manager (ESM) or delegate should have ensured that the temperature was measured and documented, in writing, in the following areas of the home:

- At least two resident bedrooms in different parts of the home (recommend one bedroom per neighbourhood)
- One resident common area on every floor of the home and that the temperature must be documented at least once every morning, afternoon, and evening.

Record review of the home's Air Temperature and Humidity Index Monitoring Record showed that on a specific date there were temperature readings for resident rooms in only one neighbourhood of the home in the evening, the other neighbourhoods did not have a temperature reading documented. On two other occasions none of the resident rooms on the monitoring record had a temperature reading documented. On one occasion none of the common areas on the monitoring record had a temperature reading documented.

During an interview with the home's ESM they stated that the missing temperatures were to be documented by the charge nurse and they recognized that they were not always being done. The ESM stated that the expectation would have been that the temperatures were taken and documented three times a day.

During interviews with residents #014 and #015, they both stated that they were comfortable with the temperature of their rooms and had no concerns.

Temperatures not being documented three times a day poses a risk for residents to develop heat related illness.

Sources: The home's Hot Weather Policy, the home's Air Temperature and Humidity Index Monitoring Record, and an interview with the home's ESM.

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 the air temperature in resident rooms and common areas are documented at least once every evening for at least two resident bedrooms in different parts of the home and one resident common area on every floor of the home., to be implemented voluntarily.

Issued on this 14th day of July, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JULIE DALESSANDRO (739), CASSANDRA TAYLOR
(725), DEBRA CHURCHER (670)

Inspection No. /

No de l'inspection : 2021_791739_0026

Log No. /

No de registre : 007956-21, 008763-21, 008812-21, 010161-21, 010162-
21, 010170-21

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jul 13, 2021

Licensee /

Titulaire de permis : Chartwell Master Care LP
7070 Derrycrest Drive, Mississauga, ON, L5W-0G5

LTC Home /

Foyer de SLD : Chartwell Royal Oak Long Term Care Residence
1750 Division Road North, Kingsville, ON, N9Y-4G7

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Nicole Ross

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To Chartwell Master Care LP, you are hereby required to comply with the following
order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Order / Ordre :

The licensee must be compliant with section 6(9) of the Long-Term Care Homes Act

Specifically, the licensee must:

- ensure that the treatment administration record for resident #009, #010, #012 and any other resident is signed by the registered staff when treatment is provided.
- Complete weekly audits of the treatment administration record to include treatments that were and were not completed on each neighbourhood. Audits will be completed for a minimum of three months or until the order is complied.
- Keep a written record of the treatment administration record audit and include the resident, the person completing the audit, the outcome of the audit and corrective action if necessary.

Grounds / Motifs :

1. The licensee had failed to ensure that the provision of the care set out in the plan of care for residents #009, #010, and #011 was documented in the treatment administration record.

During the course of a complaint inspection, Inspector #739 was informed that treatments were not completed for residents in a specific neighbourhood.

A record review of resident #009, #010, and #011's Treatment Administration Records (TARs) for two consecutive months indicated that they had treatments that were to be completed daily. Upon further review of the TAR for the two

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

months it was noted that not all treatments were signed for.

During an interview with RPN #124 they reviewed the TAR for all three residents and stated that there was no signature documented for the treatment provided.

During an interview with the home's Assistant Director of Care (ADOC) they acknowledged that the TAR was not signed for resident #009, #010, and #011, but should have been.

Not documenting treatment that was provided posed a risk to the residents as it was unclear if they received their treatment.

Sources: TAR from PCC, interview with RPN #124 and the ADOC.

An order was made by taking the following factors into account:

Severity: Three out of three residents reviewed did not have completed documentation on their treatment administration record. This resulted in potential harm to the residents.

Scope: This issue was widespread since all three residents were missing documentation on their treatment administration record.

Compliance History: In the last 36 months, the licensee was previously found to be in non-compliance with different sections of the legislation.

(739)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Sep 10, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee must be compliant with section 33 of Ontario Regulation 79/10. Specifically, the licensee must:

- ensure that resident #002, #004, #005, #006, and any other resident receives a bath, at minimum twice a week, by method of their choice.
- Complete weekly audits of resident bathing that was and was not completed. The audits will be of one neighbourhood a week and the neighbourhoods will rotate. Audits will be completed for a minimum of three months or until the order is complied.
- Keep a written record of the weekly bathing audit and include the resident, the person completing the audit, the outcome of the audit and corrective action if necessary.

Grounds / Motifs :

1. The licensee had failed to ensure that residents #002, #004, #005, and #006 were bathed, at a minimum, twice a week.

A complaint was received by the Ministry of Long-Term Care which stated that several residents were not receiving their bath twice a week.

Resident #002, #004, #005, and #006 were to receive a bath twice a week as per their plans of care.

Record review of the care record report in PCC for three consecutive months showed that several baths were unsigned for all four residents.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

During interviews with Personal Support Workers (PSW's) #105, #106, and #107 they stated that when they were unable to provide a resident with a bath they did not sign for it in POC.

The home's bathing policy LTC-CA-WQ-100-09-01, 200-Clinical and Resident Care, last revised December 2017 stated in part that bathing was to be documented in the POC terminal.

During an interview with the home's Assistant Director of Care (ADOC) they acknowledged that the baths for resident #002, #004, #005, and #006 were not signed for in POC and therefore not completed.

Missing several baths put the residents at risk for impaired skin integrity.

Sources: Care record report in PCC, home's bathing policy, interview with PSW #105, #106, #107, and the home's ADOC.

An order was made by taking the following factors into account:

Severity: Four out of four residents reviewed were not receiving their baths twice per week. This resulted in minimal harm to the residents.

Scope: This issue was widespread since all four residents were not receiving baths, at a minimum, twice per week.

Compliance History: In the last 36 months, the licensee was found to be non-complaint with O.Reg79/10 s.33 and two voluntary plans of correction were issued to the home.

(739)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Sep 10, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with section regulation 50(2) of Ontario Regulation 79/10.

Specifically, the licensee must:

- ensure that weekly assessments for impaired skin integrity are being completed, in full, for resident #001, #005, and any other resident using a clinically appropriate assessment tool by a member of the registered staff.
- Complete weekly audits of the weekly assessments that were and were not completed on each neighbourhood. Audits will be completed for a minimum of three months or until the order is complied.
- Keep a written record of the weekly audit and include the resident, the person completing the audit, the outcome of the audit and corrective action if necessary.

Grounds / Motifs :

1. The licensee had failed to ensure that residents #001 and #005 who were exhibiting altered skin integrity were reassessed, by a member of the registered nursing staff, at least weekly using a clinically appropriate assessment tool.

Record review of resident #001 and #005's skin and wound assessments in Point Click Care indicated that they had altered skin integrity which required weekly assessment.

Record review of resident #001's weekly assessments in the assessment tab in PCC indicated that the initial assessment of the altered skin integrity was completed but weekly thereafter they were not completed in full.

Record review of resident #005's weekly assessments in the assessment tab in PCC indicated that the assessments completed in a specific month were not completed in full.

During an interview with the home's Assistant Director of Care (ADOC) they stated that for impaired skin integrity an assessment should have been completed weekly, in full, until the areas were no longer impaired. The ADOC acknowledged that this was not completed for resident #001 and #005.

Not completing weekly assessments posed a risk to residents as wounds were not being monitored.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Sources: weekly wound assessments in Point Click Care and an interview with the Assistant Director of Care.

An order was made by taking the following factors into account:

Severity: Two out of three residents reviewed did not have weekly assessments completed. This resulted in potential harm to the residents.

Scope: This issue was a pattern since two out of three residents were missing documentation in their assessments.

Compliance History: In the last 36 months, the licensee was previously found to be in non-compliance with different sections of the legislation.
(739)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 10, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 004

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Order / Ordre :

The licensee must be compliant with section 131(2) of Ontario Regulation 79/10. Specifically, the licensee must:

- ensure that medications for resident #001, #007, #012, and any other resident are administered in accordance with the directions for use specified by the prescriber.
- Complete weekly audits of the medication administration record for all residents on all neighbourhoods to identify late or missed medication. Audits will be completed for a minimum of three months or until the order is complied.
- Keep a written record of the medication administration audit and include the resident, the person completing the audit, the outcome of the audit and corrective action if necessary.

Grounds / Motifs :

1. The licensee had failed to ensure that drugs were administered to residents #001, #007, and #012 in accordance with the directions for use specified by the prescriber.

A complaint was received by the Ministry of Long-Term Care related to a medication incident for resident #001.

A record review of resident #001's progress notes in Point Click Care (PCC) indicated that the resident was to have two specific medications administered until a specific date.

A record review of resident #001's progress notes in PCC indicated that they missed a total of five doses between the two medications.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

During an interview with RN #100 they stated that there were five doses of medication not administered to the resident.

During an interview with the Assistant Director of Care (ADOC) they stated that they were aware of this medication incident and they acknowledged that the medications were not administered.

Resident #007 and #012 were scheduled to receive medication at a specific time on a specific date. A record review of their progress notes stated in part that, all scheduled medications were administered late.

During an interview with resident #007 they stated in part that, they had received their medication late.

A record review of the Medication Administration Audit in PCC for resident #007 and #012 showed that medication was administered late.

During an interview with Registered Practical Nurse (RPN) #127 they stated that they were unable to administer medication on time to resident #007, #012 and all other residents on a specific neighbourhood.

Medication not being administered as directed by the prescriber posed a risk to residents as they either missed doses of medication or did not receive medication on time.

Sources: Medication administration record and medication administration audit from point click care, interview with a resident, RPN #127 and the Assistant Director of Care.

An order was made by taking the following factors into account:

Severity: Three out of three residents reviewed were not administered medication in accordance with the directions specified for use. This resulted in potential harm to the residents.

Scope: This issue was widespread since all three residents were not administered their medication as prescribed.

Order(s) of the Inspector

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Pursuant to section 153 and/or
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2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Compliance History: In the last 36 months, the licensee was previously found to be in non-compliance with different sections of the legislation. (739)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Sep 10, 2021

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
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2007, c. 8

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foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /**No d'ordre :** 005**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

(b) set out the organization and scheduling of staff shifts;

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The licensee must be compliant with section 31(3) of Ontario Regulation 79/10. Specifically, the licensee must:

-ensure that the licensee has a staffing plan which includes a back-up plan for nursing and personal care staffing that addresses situations when registered staff can not come to work.

-educate the management team and registered nurses on the staffing plan and keep a written record of the education provided, the date of the education, and who provided the education

-evaluate the staffing plan after one month with input from the registered nurses to ensure that the staffing plan is effective and make changes as needed.

Grounds / Motifs :

1. The licensee had failed to ensure that there was a written staffing plan which included a back-up plan for nursing and personal care staffing that addressed situations when registered staff could not come to work.

An anonymous complaint was received by the Ministry of Long-Term Care

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

related to reduced staffing levels.

A record review of the "Chartwell Royal Oak Staffing Plan" did not include a back-up plan for nursing and personal care staffing that addressed situations when Registered Practical Nurses (RPN's) could not come to work.

During an interview with Registered Nurse (RN) #112 they stated in part that, the home was not following the staffing plan.

During an interview with RN #100 they stated in part that, a new reduced staff protocol was put in place recently but had not been reviewed with them. They also stated that once they reviewed the protocol on their own there wasn't anything that addressed who would complete specific care for residents.

During an interview with the home's Administrator they stated in part that they were not familiar with the current reduced staff protocol and when reviewing it stated, "it doesn't make sense". When asked how the staff know who is responsible to complete the wound treatments when working with reduced RPN staff the Administrator said, "the RN's would be responsible for the treatments and I think they just know to do them".

The home's staffing plan not including a back-up plan for when registered staff could not come to work puts resident at risk for late or missed care.

Sources: The home's staffing plan, interview with RN #112, 110, and the home's Administrator.

An order was made by taking the following factors into account:

Severity: Three out of three staff interviewed were not familiar with the requirements of the home's staffing plan.

Scope: This issue was widespread since all three staff members were not familiar with the plan.

Compliance History: In the last 36 months, the licensee was found to be non-complaint with section 31(3) of Ontario Regulation 79/10 and one compliance

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foyers de soins de longue durée*, L.O.
2007, chap. 8

order, which has been complied, was issued to the home.
(739)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 10, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

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Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 13th day of July, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Julie DAlessandro

Service Area Office /

Bureau régional de services : London Service Area Office