



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 17, 2014	2014_262523_0039	L-001599-14	Resident Quality Inspection

Licensee/Titulaire de permis

Henley Place Limited
200 Ronson Drive, Suite 305, TORONTO, ON, M9W-5Z9

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

Henley Place
1961 Cedarhollow Boulevard, LONDON, ON, N5X-0K2

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

ALI NASSER (523), CHRISTINE MCCARTHY (588), MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 8, 9, 10, 11 & 12, 2014

This inspection was completed in conjunction with the following critical incidents Log # 006441-14, 0065595-14 & Complaint 008348-14

During the course of the inspection, the inspector(s) spoke with the Administrator, Programs Consultant, Director of Clinical Services, Food and Nutritional Manager, Environmental Services Manager, Managing Director, Director of Care, two Associate Director of Care, Life Enrichment Aide, Volunteer Services Manager, Family Council Co-President, Resident Council President, 13 Registered Staff, 11 Personal Support Workers, one Housekeeping Staff, one Dietary Aide, three Family Members and residents.

During the course of the inspection, the inspector(s) toured the home, observed meal service, medication pass, medication storage areas and care provided to residents, reviewed health records and plans of care for identified residents, reviewed policies and procedures of the home and observed general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is a safe and secure environment for its residents as evidenced by:

During the initial tour on December 8, 2014 at 9:25 am, the kitchen servery door on a resident care area was observed unlocked, with no staff members in attendance, posing a safety risk to residents especially those with Dementia and/or have wandering tendencies.

The Director of Clinical Services confirmed the servery door was unlocked and unattended, posing a potential risk to residents, as well as the expectation that the home be a safe and secure environment for its residents. [s. 5.]

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 home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that,**
- (a) there is an organized program of housekeeping for the home; 2007, c. 8, s. 15 (1).**
 - (b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and 2007, c. 8, s. 15 (1).**
 - (c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that there is an organized preventative maintenance program for remedial services for the home as evidenced by:

Observations throughout the RQI revealed paint chips, scrapes and wall damage to identified resident's rooms

A tour of the rooms was completed with the Environmental Services Manager (ESM) to confirm noted damage, in addition to paint scrapes, and damage to walls in various spots through out the hallways.

A review of the preventative maintenance schedule and an interview with the Environmental Services Manager (ESM) revealed that the remedial maintenance program has not been fully implemented.

A schedule for checking resident's rooms and common areas for paint repairs is in place but the checklist reflected only the work that was completed and not any preventative checks that were to be completed as part of a preventative remedial maintenance schedule.

This was confirmed with the ESM and the Administrator.

The ESM and the Administrator confirmed that the home's expectations would be for the Maintenance Services Staff to check all rooms and common areas and sign that they were checked, then they would schedule and perform any work that would be needed. [s. 15. (1) (c)]

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 Preventative Maintenance Program is completely developed and implemented, to be implemented voluntarily.

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).**
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Findings/Faits saillants :

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, been reassessed at least weekly by a member of the registered nursing staff, as evidenced by:

A review of the Weekly Wound Care Record for an identified resident with altered skin integrity revealed the last documented reassessment entry was on October 8, 2014.

The Acting Director of Care and a Registered Staff Member confirmed that weekly wound reassessments were not completed and the expectation is that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

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 residents exhibiting altered skin integrity will be reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.



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Issued on this 17th day of December, 2014

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