

Ministère des Soins de longue durée

**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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# Public Copy/Copie du rapport public

Report Date(s) /

Apr 14, 2021

Inspection No / Date(s) du Rapport No de l'inspection

2021 729615 0014

Loa #/ No de registre

002807-21, 002887-21, 002888-21, 003493-21, 003725-21, 004720-21, 004885-21

Type of Inspection / **Genre d'inspection** 

Critical Incident System

#### 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

HELENE DESABRAIS (615), AYESHA SARATHY (741)

### Inspection Summary/Résumé de l'inspection



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durée

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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 24, 25, 29, 30 and 31, 2021.

The following intakes were inspected during this inspection:

Log #003725-21/Critical Incident System (CIS) report #3045-000015-21 related to alleged abuse, neglect and retaliation;

Log #003493-21/CIS report #3045-000013-21 related to alleged abuse, neglect and retaliation;

Log #002807-21/CIS report #3045-000006-21 related to alleged abuse, neglect and retaliation;

Log #004720-21/CIS report #3045-000019-21 related to falls prevention; Log #002887-21, Follow-up to Compliance Order #001 from inspection #2021\_790730\_0004 related to policy to promote zero tolerance; Log #002888-21, Follow-up to Compliance Order #002 from inspection #2021\_790730\_0004 related to medication.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, one Registered Nurse, three Registered Practical Nurses, two Personal Support Workers and residents.

The inspectors also toured the home, observed Infection Prevention and Control practices, residents and the care provided to them, staff to residents interactions, reviewed residents' clinical records and other relevant documents.

The following Inspection Protocols were used during this inspection: Falls Prevention Infection Prevention and Control Medication Prevention of Abuse, Neglect and Retaliation Responsive Behaviours



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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)

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		INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (3)	CO #002	2021_790730_0004	615
LTCHA, 2007 S.O. 2007, c.8 s. 20.	CO #001	2021_790730_0004	615



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES						
Legend	Légende					
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).	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.					
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.

## Findings/Faits saillants:



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The licensee has failed to ensure that equipment was readily available at the home to meet the personal needs of a resident.

A resident's family member reported an incident of alleged abuse to the home, in which two Personal Support Workers (PSWs) were asked by the resident to be assisted with personal care, however, the care was not provided to the resident as the PSWs did not have the required equipment available to assist them. The PSWs had a discussion with the resident's family member about a potential safety risk if they attempted to provide care to the resident without the required equipment, and consequently, the PSWs and the family member decided that care would not be provided to the resident as it was specified in their plan of care.

The two PSWs said that the home did not have the equipment required to meet the resident's personal care needs, and therefore, they were unable to provide care to the resident at that time.

It was noted by the Inspector that at the time of this inspection, which was approximately two months after the incident occurred, the equipment required to meet the personal care needs of the resident was not yet available at the home, resulting in an ongoing risk of injury to the resident.

Sources: Critical Incident System (CIS) report; resident's clinical record, including progress notes, physiotherapy assessments and plan of care; staff interviews. [s. 44.]

#### 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 ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents, to be implemented voluntarily.



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Issued on this 16th day of April, 2021

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

Original report signed by the inspector.