

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
Dec 1, 2021	2021_928577_0004	012980-21, 012984- 21, 012985-21, 012986-21, 012987- 21, 016631-21	Follow up

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

DEBBIE WARPULA (577), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 18 to 22, 25 to 29, and November 1 to 4, 2021.

The following intakes were inspected on during this Follow Up inspection:
-one intake, related to Compliance Order (CO) #002 from inspection
#2021_605213_0018, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 6. (8);
-one intake, related to CO #003 from inspection #2021_605213_0018, issued

pursuant to O.Reg 79/10, s. 21;

-one intake, related to CO #006 from inspection #2021_605213_0018, issued pursuant to O.Reg 79/10, s. 30. (2);

-one intake, related to CO #008 from inspection #2021_605213_0018, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 19. (1); and

-one intake, related to CO #009 from inspection #2021_605213_0018, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 23. (1).

An additional intake was added to this Follow Up inspection as it was a CIS related to alleged neglect, and was inspected upon related to CO #009 pursuant to LTCHA s.23(1) and CO #008, pursuant to LTCHA s.19(1). In addition, the resident identified in the intake was also inspected on related to the completion of a head injury routine for CO #006 pursuant to O. Reg s. 30 and there was overlap between the Follow Up inspection of s.30 and the Critical Incident report.

Critical Incident System (CIS) inspection #2021_928577_0002, and Complaint inspection #2021_928577_0003 were conducted concurrently with this Follow Up inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Acting Director of Care (ADOC), Assistant Director of Care (ADOC), two Nursing Consultants, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Maintenance Manager, Resident Support Attendant (RSA) and residents.

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, Infection Prevention and Control (IPAC) practices, staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

Safe and Secure Home

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

**1 WN(s)
0 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
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #008	2021_605213_0018		577
O.Reg 79/10 s. 21.	CO #003	2021_605213_0018		577
LTCHA, 2007 S.O. 2007, c.8 s. 23. (1)	CO #009	2021_605213_0018		577
O.Reg 79/10 s. 30. (2)	CO #006	2021_605213_0018		577
LTCHA, 2007 S.O. 2007, c.8 s. 6. (8)	CO #002	2021_605213_0018		577

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. 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,
(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; O. Reg. 79/10, s. 50 (2).

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 :

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1. The licensee has failed to ensure that a resident who was at risk of altered skin integrity, received a particular assessment by a member of the registered nursing staff within a specified time frame of the resident's admission.

A resident was admitted to the home on an identified date. Seven days later, the resident received a particular assessment, which included two other assessments, indicating they were at risk of altered skin integrity. A Registered Nurse (RN) confirmed the assessments were not completed when required. The home's admission policy directed that two particular assessments must be completed for every resident on the day of admission.

Sources: Health records for a resident, the home's Admissions Policy (#04-02, revised September 2013), and staff interviews. [s. 50. (2) (a) (i)]

2. The licensee has failed to ensure that a resident who had altered skin integrity, received a particular assessment by a member of the registered nursing staff, using a particular tool specifically designed for skin and wound assessment.

A resident had a fall on an identified date, suffered altered skin integrity on a specific location of their body and was transferred to the hospital. A Primacare Living Solutions (PLS) "All in One Fall Assessment" was completed on an identified date. When the assessment was reviewed with the Acting Director of Care (ADOC), they agreed the skin assessment section in the assessment indicated altered skin integrity, but there was no specific skin assessment documentation. The ADOC stated that the expectation was that the particular altered skin integrity for the resident should have had an initial wound assessment documented in the "All in One Fall Assessment" and that it should not have included previous identified altered skin integrity or one dated in the future.

The Falls policy stated: Complete assessments as required (e.g. skin and wound assessment, pain assessment).

Sources: Health records for a resident, Falls policy (#09-01, revised September 2021), and staff interviews. [s. 50. (2) (b) (i)]

Issued on this 2nd day of December, 2021

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

Original report signed by the inspector.