

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date:</b> June 10, 2024	
<b>Inspection Number:</b> 2024-1473-0003	
<b>Inspection Type:</b> Complaint Critical Incident	
<b>Licensee:</b> Henley Place Limited	
<b>Long Term Care Home and City:</b> Henley Place, London	
<b>Lead Inspector</b> Samantha Perry (740)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Henry Otoo (000753)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): May 9, 10, 13, 14, 15, 16, 21, 22, 23, 24, 2024.

The following intake(s) were inspected:

- Intake: #00109314 - Critical Incident System (CIS) report #3045-000013-24, related to an infectious disease outbreak.
- Intake: #00110357 - CIS #3045-000015-24, related to alleged staff to resident neglect.
- Intake: #00111755 - CIS #3045-000024-24, related to alleged staff to resident abuse.
- Intake: #00111865 - CIS #3045-000026-24, related to a medication incident involving a resident.

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- Intake: #00112947 - A complaint related to operation of the home concerns and resident care concerns.
- Intake: #00113193 - A complaint related to alleged staff to resident abuse and or neglect.
- Intake: #00113537 - CIS #3045-000037-24, related to a resident's death.
- Intake: #00114173 - A complaint related to staffing, and resident care concerns.
- Intake: #00114254 - A complaint related to resident care concerns.
- Intake: #00115371 - A complaint related to the home's Infection Prevention and Control (IPAC) practices.
- Intake: #00115422 - CIS #3045-000044-24, related to a resident's fall and the fall management and prevention program.

The following intake was completed:

- Intake: #00110901 - CIS #3045-000021-24, related to a resident's fall and the fall management and prevention program.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Medication Management  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Right to Quality Care and Self-Determination

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 3 (1) 16.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

The licensee has failed to ensure that for more than one resident their rights to proper care and services consistent with their needs were fully respected and promoted.

The Ministry of Long-Term Care (MLTC) received a complaint related to care concerns for a resident and a critical incident system (CIS) report related to care concerns for a different resident.

**Rationale and Summary:**

A) A clinical record review for a resident supported the registered nursing staff were aware of an area of altered skin integrity on a given date and no immediate action was taken to address the concern. When the registered nursing staff failed to immediately report the resident's area of altered skin integrity, the staff increased the resident's risk of worsening skin integrity and the potential for further complications, impacting the resident's right to immediate interventions to reduce or relieve pain, promote healing, and prevent infection as legislated.

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The Executive Director (ED) and Assistant Director of Care (ADOC) said the registered nursing staff's lack of immediate action was and the management team would expect the registered nursing staff to immediately assess the resident's area of altered skin integrity and notify the NP or physician to determine interventions and treatments orders.

B) A clinical record review for a resident supported that on a given day the registered nursing staff documented their concerns related to a significant change in the resident's health condition, warranting immediate notification of the resident's physician. There was no documentation to support any immediate notifications or interventions implemented to assist with the resident's change in condition. The registered nursing staff's failure to immediately notify the resident's physician increased the resident's risk of discomfort and further unnecessary health complications, impacting the resident's right to receive care consistent with their needs.

The Executive Director (ED) and Assistant Director of Care (ADOC) said the resident's physician or physician on-call should have been notified right away of the resident's change in condition, and were not.

Sources: Resident clinical records and interviews with management. [740]

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**WRITTEN NOTIFICATION: Plan of Care Documentation**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (9) 2.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

2. The outcomes of the care set out in the plan of care.

The licensee has failed to ensure that the outcomes of the care set out in a resident's plan of care were documented.

The Ministry of Long-Term Care received a critical incident system (CIS) report related to care concerns for a resident.

**Rationale and Summary:**

A review of a resident's clinical records documented the resident had a change in their health condition and staff were ordered to monitor the resident closely and to notify the Nurse Practitioner (NP) or the physician of any changes or concerns with resident's health condition.

On a number of days there was no documentation to support the registered nursing staff were monitoring any changes in the resident's health condition that may have led to health concerns and warranted notifying the NP or physician as ordered. The registered nursing staff's failure to document the resident's outcomes of the provisions of care, increased the resident's risk of unmet care needs, and unidentified changes in the resident's health condition, and impacted the resident's right to receive care consistent with their needs.

The Executive Director (ED) and Assistant Director of Care (ADOC) said their expectations of the registered nursing staff would be that staff document their

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monitoring of the resident's health condition to ensure the NP's orders were being followed, and to ensure the staff could then identify any changes and concerns, that would then warrant an immediate notification of the NP and or the physician.

Sources: Resident clinical records and interviews with management. [740]

**WRITTEN NOTIFICATION: Skin and Wound Care**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, 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,

The licensee has failed to ensure that a resident received a skin assessment by an authorized person using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessments.

The Ministry of Long-Term Care received a complaint related to resident care concerns.

**Rationale and Summary:**

A review of a resident's clinical records documented that on a given date, staff identified an area of altered skin integrity. The Nurse Practitioner (NP) then ordered specific interventions to be implemented by the registered nursing staff.

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Further review supported there were no records of any skin assessments having been completed by the registered nursing staff to immediately address the resident's area of altered skin integrity. The staff's failure to complete a skin assessment increased the resident's risk of worsening altered skin integrity with the potential of further health complications and impacted the resident's right to care consistent with their needs.

A registered Nurse (RN), the Executive Director (ED) and the Assistant Director of Care (ADOC), said a skin assessment was not immediately completed and should have been once the registered nursing staff became aware of the resident's altered skin integrity.

Sources: Clinical record review and interviews with staff and management. [740]

### **WRITTEN NOTIFICATION: Skin and Wound Care**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

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

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

The licensee has failed to ensure that a resident received immediate treatment and interventions implemented to reduce or relieve pain, promote healing, and prevent infection as required.

The Ministry of Long-Term Care received a complaint related to resident care concerns.

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**Rationale and Summary:**

A review of a resident's clinical records supported that the Nurse Practitioner ordered specific treatments and interventions to address a resident's area of altered skin integrity. There were no records to support that the resident as recommended by the NP.

A Registered Nurse (RN), the Executive Director (ED) and the Assistant Director of Care (ADOC) all said, the resident's area of altered skin integrity should have been treated and interventions implemented immediately. The registered nursing staff's failure to immediately treat and implement interventions increased the resident's risk of worsening altered skin integrity with the potential for related health complications and impacted the resident's right to receive care consistent with their needs.

Sources: Clinical record reviews and interviews with staff and management. [740]

**WRITTEN NOTIFICATION: Skin and Wound Care**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

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

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

The licensee has failed to ensure that a resident's altered skin integrity was reassessed at least weekly by an authorized person when clinically indicated.

The Ministry of Long-Term Care received a complaint related to resident care



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concerns.

**Rationale and Summary:**

A review of a resident's clinical records supported there were no weekly reassessments of the resident's area of altered skin integrity. This increased the resident's risk of worsening altered skin integrity and the potential for related health complications and impacted their right to receive care consistent with their needs.

A Registered Nurse (RN), the Executive Director (ED) and the Assistant Director of Care (ADOC) all said the resident's area of altered skin integrity was not reassessed weekly by an authorized person and should have been.

Sources: Clinical record reviews and interviews with staff and management. [740]

**WRITTEN NOTIFICATION: Administration of drugs**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (1)**

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

The licensee has failed to ensure that no drug was administered to a resident in the home unless the drug had been prescribed for the resident.

**Rationale and Summary**

The home reported a critical incident to the Ministry of Long-Term Care (MLTC) related to a resident having been administered a medication that was not prescribed to them.

A clinical record review for a resident indicated they were administered medications

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that were not prescribed for them, resulting in changes to their health condition. The staff's failure to administer the right medications increased the resident's risk of serious health complications and impacted their right to accurate and safe medication administration.

The Assistant Director of Care (ADOC) said the resident was administered the wrong medications, resulting in changes to the resident's health condition.

**Sources:** Resident clinical records, and staff interview. [000753]

## **COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### **Non-compliance with: O. Reg. 246/22, s. 102 (8)**

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

### **The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

A) Conduct the following audits,

1. Daily Hand Hygiene audits to assess the registered nursing and non-registered staff's understanding of when to implement the 4 moments of

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hand hygiene and to ensure that staff are practicing the 4 moments of hand hygiene with every resident/resident environment contact, regardless of whether the staff member will be providing direct care to a resident or not.

2. Weekly glove use audits to assess the registered nursing and non-registered staff's understanding and appropriate use of gloves when completing resident wound care and or when handling resident wound drainage soiled linens and or clothing. Both the hand hygiene audits and the glove use audits will continue until the compliance order is complied by a Ministry of Long-Term Care (MLTC) inspector.

B) Records will be maintained of,

1. The daily hand hygiene audits, and the weekly glove use audits, including,
  - the name of the auditor, the date of the audit, what was audited specifically for each audit, the auditees name and designation, and the corrective actions taken as needed to address any deficiencies identified by the auditor with the auditee.

**Grounds**

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program.

The Ministry of Long-Term Care received a complaint from the Middlesex London Health Unit (MLHU) through the local Public Health (PH) team related to the registered nursing and non-registered staff's failure to implement the home's IPAC program practices.

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Specifically,

1. The lack of hand hygiene practices related to resident / resident environment contact.
2. The lack of glove use when completing a resident's wound care and handling of the resident's soiled clothing and bed linens.

**Rationale and Summary:**

A) A review of the PH complaint details, the home's hand hygiene policy, and observations of the registered nursing and non-registered staff's contact with residents and resident environments supported that many staff were not completing hand hygiene according to the home's IPAC policies and procedures.

The home's IPAC Hand Hygiene Program policy stated, under the procedure heading, that, "All staff will: Practice hand hygiene according to the 4 moments of hand hygiene:

- a. BEFORE initial resident/resident environment contact
- b. BEFORE aseptic procedure
- c. AFTER body fluid exposure
- d. AFTER resident/resident environment contact."

The staff were not completing hand hygiene using an alcohol-based hand rub (ABHR) before or after initial resident and resident environment contact. The staff's lack of appropriate hand hygiene practices increased the residents' risk of infectious disease spread with the potential for associated health complications and impacted the residents' rights to reside in a safe and secure home.

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Interviews with more than one staff member, the corporate IPAC lead, and the home's IPAC lead, all said that not all staff have been completing appropriate hand hygiene according to the 4 moments of hand hygiene and as per the home's IPAC Hand Hygiene Program policy and should have been.

B) A review of the PH complaint details, the home's IPAC "Use of Gloves / Gowns / Masks, Eye Protection / Face Shields," policy, and the home's investigation notes supported that non-registered and registered nursing staff failed to wear gloves as per the home's IPAC practices and policies.

The home's Use of Gloves policy stated, under the General Guidelines / Responsibilities heading, that non-sterile gloves should be worn:

- Whenever it is anticipated that you may have contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin (open skin lesions or exudative rash).
- For handling items visibly soiled with blood, body fluids, secretions and excretions.
- When the healthcare provider has open skin lesions on the hands.

Staff did not wear gloves when completing a resident's wound care and or while handling the resident's soiled clothing and or linens. The staff's lack of appropriate glove use increased the residents' risk of infectious disease spread with the potential for associated health complications and impacted the residents' rights to reside in a safe and secure home.

The corporate IPAC lead, and the home's IPAC lead, said registered nursing staff should always wear gloves when completing wound care, including changing their gloves and cleaning their hands any time the wound care process required a transition from a dirty to clean procedure. Furthermore, both the registered nursing and non-registered staff should always wear gloves when handling any residents' soiled clothes and or linens.

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Sources: Review of Public Health's complaint, the home's hand hygiene and wound care policy, observations and interviews with staff and management. [740]

**This order must be complied with by July 5, 2024**

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:



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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).