

**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**Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 28, 2020	2020_575214_0016	007228-20, 009847- 20, 010629-20, 011878-20	Complaint

Licensee/Titulaire de permis859530 Ontario Inc. (operating as Jarlette Health Services)
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1**Long-Term Care Home/Foyer de soins de longue durée**Royal Rose Place
635 Prince Charles Drive North WELLAND ON L3C 0C7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CATHY FEDIASH (214), KELLY CHUCKRY (611)

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): August 12, 13, 14, 17, 18, 2020.

Please note the following intakes were completed during this complaint inspection:

Log #009847-20- related to hospitalization and change in condition.

Log #011878-20- related to fall prevention.

Log #007228-20- related to infection prevention and control.

Log #010629-20- related to infection prevention and control; nutrition care; medications and personal support services.

During the course of the inspection, the inspector(s) spoke with the Administrator; Director of Care (DOC); registered staff; Personal Support Workers (PSW); Unit Manager; Resident and Family Services lead; families and residents.

During the course of this inspection, the inspector(s) reviewed complaints; resident clinical records; concern/complaint form and medication incident forms.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Continence Care and Bowel Management
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services**

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)**

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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was based on an assessment of resident #002, #003 and #004 and their needs and preferences.

a) A review of complaint log #009847-20, indicated a complainant was concerned that identified actions had not been initiated for resident #002, for a specified reason.

A review of resident #002's progress notes indicated they had not been at the long-term care facility for a specified period of time.

A review of assessments in Point Click Care (PCC) indicated that on an identified date, a specified assessment for resident #002 had been conducted by registered staff #106. This assessment included specified questions. During an interview with the DOC and staff #106 on an identified date, they indicated that assessments are completed when the resident is present in the home. They confirmed resident #002 was not present in the home on the date this assessment was conducted. Staff #106 indicated that no harm was sustained to the resident and the specified assessment should have been completed when the resident was at the home as the specific questions contained in this assessment would not be able to be answered in the resident's absence. Staff #106 confirmed the specified assessment had not been conducted again, upon the resident's return to the facility.

b) A review of resident #003's census record and progress notes indicated they had not been at the long-term care facility for a specified period of time.

A review of assessments in PCC indicated that on an identified date, a specified assessment for resident #003 had been conducted by registered staff #106. This assessment included specified questions. During an interview with the DOC and staff

#106 on an identified date, they indicated that assessments are completed when the resident is present in the home. They confirmed resident #003 was not present in the home on the date this assessment was conducted. Staff #106 indicated that no harm was sustained to the resident and the specified assessment should have been completed when the resident was at the home as the specific questions contained in this assessment would not be able to be answered in the resident's absence. Staff #106 confirmed the specified assessment had not been conducted again, upon the resident's return to the facility.

c) A review of resident #004's census record and progress notes indicated they had not been at the long-term care facility for a specified period of time.

A review of assessments in PCC indicated that on an identified date, a specified assessment for resident #004 had been conducted by registered staff #106. This assessment included specified questions. During an interview with the DOC and staff #106 on an identified date, they indicated that assessments are completed when the resident is present in the home. They confirmed resident #004 was not present in the home on the date this assessment was conducted. Staff #106 indicated that no harm was sustained to the resident and the specified assessment should have been completed when the resident was at the home as the specific questions contained in this assessment would not be able to be answered in the resident's absence. Staff #106 confirmed the specified assessment had not been conducted again, upon the resident's return to the facility. [s. 6. (2)]

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 care set out in the plan of care is based on an assessment of resident #002, #003 and #004 and their needs and preferences, to be implemented voluntarily.

Issued on this 31st day of August, 2020

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

Original report signed by the inspector.