

**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
May 26, 2021	2021_715672_0020	003582-21	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP, by its general partner, GP M Trust, by its sole trustee,
Chartwell Master Care Corporation
c/o Chartwell Master Care LP 7070 Derrycrest Drive Mississauga ON L5W 0G5

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

Chartwell Aurora Long Term Care Residence
32 Mill Street Aurora ON L4G 2R9

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

JENNIFER BATTEN (672)

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): May 12, 13 and 14, 2021

The following intakes were completed during this inspection:

One intake related to a complaint received regarding allegations of resident neglect and unsafe resident lift and transfer practices occurring in the home.

During the course of the inspection, a Critical Incident System inspection was conducted concurrently. During that inspection, the following intake(s) were completed:

One intake related to an ongoing outbreak in the home.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Associate Director of Care (ADOC), Nutrition Services Manager (NSM) and Associate Nutrition Services Manager (ANSM), Recreation Manager, IPAC Lead, RAI Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), administration assistants, housekeepers, recreation aides, health screeners, maintenance workers, unit clerks, practicum students, essential caregivers and residents.

The inspector(s) reviewed clinical health records of identified residents, internal policies related to Infection Prevention and Control, Safe Lift and Transfers and Falls Prevention. The Inspector(s) also observed staff to resident and resident to resident care and interactions, along with infection control practices in the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

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 O.Reg 79/10, s. 218. Orientation

Specifically failed to comply with the following:

s. 218. (1) For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:

- 1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints. O. Reg. 79/10, s. 218.**
- 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.**
- 3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.**

Findings/Faits saillants :

1. The licensee failed to ensure staff received required education prior to using equipment, including mechanical lifts.

An anonymous Complaint was received by the Director which indicated unsafe lifting and transferring of residents utilizing mechanical lifts were occurring in the home.

During observations, Inspector observed several incidents of repositioning, lifting and transferring of residents utilizing mechanical lifts. During some of the incidents using mechanical lifts, Inspector noted PSW staff would prepare the resident for the lift to occur and then call out for a second staff member to assist, which included recreation staff. Inspector observed recreation aide (RA) #104 assist with mechanical lifts and transferring of residents on four separate occasions.

The internal policy related to mechanical lifts and resident transfers, indicated two staff were required at all times when a mechanical device was used to transfer and/or lift a resident and annually staff were to receive training and education with respect to the use of mechanical lifts and demonstrate to the in home trainers the safe use of mechanical lifts.

During separate interviews, RA #104 indicated they routinely assisted with repositioning, transferring and/or lifting residents while utilizing mechanical devices, in an effort to assist the PSW staff. RA #104 further indicated they performed these tasks in order to try and save time, due to the difficulty in finding a second staff member available to provide the requested assistance, as two staff members were always required when using a

mechanical device. RAs #104 and #123 indicated they had not received any education or training from the home related to the safe usage of mechanical lift equipment or safe lifting and transferring techniques for residents upon hire to the home nor annually thereafter.

During an interview, the DOC indicated the expectation in the home was for two staff members to always be present during any use of a mechanical device while assisting a resident. The DOC further indicated all staff involved in repositioning, transferring and/or lifting a resident had to complete education upon hire and then annually, regarding the safe use of the mechanical devices and safe lifting and transferring techniques for residents. According to the DOC, recreation staff did not receive the education, as using a mechanical device was not part of the recreation aide job description, therefore they should not be involved with assisting with the task.

By not ensuring all staff assisting with repositioning, transferring and/or lifting a resident while utilizing a mechanical device received education and training on an annual basis, residents were placed at risk of harm from sustaining a injury due to possible incorrect usage of mechanical devices and/or improper lifting and transferring techniques.

Sources: Observations during the inspection, review of internal policy related to mechanical lifts and resident transfers, interviews with recreation aides #104, #123 and the DOC. [s. 218. (1) 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 staff receive the required education prior to using equipment, including mechanical lifts, as is relevant to the staff member's responsibilities, to be implemented voluntarily.

Issued on this 26th day of May, 2021

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

Original report signed by the inspector.