



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
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Performance Improvement and
Compliance Branch**

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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 20, 2014	2014_277538_0014	L-000591-14	Resident Quality Inspection

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

CHATEAU GARDENS AYLMER LONG TERM CARE CENTRE
465 TALBOT STREET WEST, AYLMER, ON, N5H-1K8

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

NANCY JOHNSON (538), INA REYNOLDS (524), MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 2,3,4,5,9,10, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, RAI Coordinator, Consultant Resident Care Services, 1 Maintenance Staff, 1 Nutrition Manager, 1 Dietary Aide, 1 Cook, 4 Registered Nurses, 1 Registered Practical Nurse, 10 Personal Support Workers, Resident's Council President, 27 Residents, and 5 family members of the Residents.

During the course of the inspection, the inspector(s) toured all resident care areas, observed dining service, medication passes, medication storage areas, and care provided to residents, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dining Observation

Family Council

Food Quality

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Personal Support Services

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.



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>Legendé</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. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**



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Findings/Faits saillants :

1. The licensee failed to ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

Observation of an identified bed system revealed approximately a five inch gap between the mattress and the rail.

The Director of Care and a maintenance staff member shared a Bed Entrapment Audit was completed on July 31, 2013, however, there was no documented evidence of a follow up entrapment inspection for the identified bed system.

The Director of Care confirmed that it is the home's expectation that there is immediate reassessment of the bed system when the mattress is replaced with a therapeutic surface for residents requiring bed rails. [s. 15. (1) (b)]

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 be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



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Specifically failed to comply with the following:

- 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).
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Findings/Faits saillants :

1. The licensee failed to ensure a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Record review revealed weekly wound assessments were not consistently completed for identified residents.

The Director of Care confirmed it is the home's expectation that registered staff complete weekly wound assessments for all residents exhibiting altered skin integrity. [s. 50. (2) (b) (iv)]

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 be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



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Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The Licensee failed to ensure that each resident who is incontinent receives an assessment that: includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions; and, is conducted using a clinically appropriate assessment instrument.

Clinical record review revealed there was no documented evidence that a continence assessment was completed for an identified resident.

The Director of Care confirmed it is the home's expectation that a continence assessment would be completed on admission for all residents. [s. 51. (2) (a)]

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 be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



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1. The licensee failed to ensure staff participate in the implementation of the infection prevention and control program.

Observation of the Tulip Trail Spa Room on June 3, 2014 at 1030 hours revealed:

- 8 used and unlabelled combs
- one pair of used and unlabelled nail clippers and one manicure stick
- 2 tubes of used and unlabelled Barrier Cream
- 1 tube of used and unlabelled Tena Wash Cream

Observation of the Rose Meadow Spa room on June 04, 2014 at 0954 hours revealed:

- Tub area contained unlabelled and used bottles of deodorant, lubriderm lotion, and shaving cream.
- Washroom area contained one used and unlabelled peach body cream.
- Shower area contained used and unlabelled comb, body lotion, deodorant, body cream, anti perspirant pump spray, men's vaseline, and a used emery board.
- Three unsealed jugs of body cleaner.

Interviews with 2 Personal Support Workers revealed all resident personal care items must be labelled at all times.

Interview with the Registered Practical Nurse confirmed that it is the home's expectation to label all personal care items with the resident's last name. [s. 229. (4)]

2.Nasal prongs,for an identified resident,were observed on the floor.

Interview with the Personal Support Worker confirmed that the nasal prongs should not be placed on the the floor.[s. 229. (4)]

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 be implemented voluntarily.



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Issued on this 20th day of June, 2014

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

Nancy Johnson