Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: September 25, 2023
Original Report Issue Date: August 25, 2023
Inspection Number: 2023-1365-0008 (A1)
Inspection Type: Complaint Critical Incident
Licensee: Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner
Long Term Care Home and City: Chartwell Westmount Long Term Care Residence, Kitchener

Amended By	**Inspector who Amended Digital Signature**
Yami Salam (000688)	Yami Salam Digitally signed by Yami Salam Date: 2023.10.04 09:44:13 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to extend the Compliance Due Date for Compliance #002 to October 29, 2023.

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Lead Inspector Yami Salam (000688)	**Additional Inspector(s)** Janet Groux (606)
Amended By Yami Salam (000688)	**Inspector who Amended Digital Signature** Yami Salam Digitally signed by Yami Salam Date: 2023.10.04 09:44:50 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to:

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: July 10-14, 17-19, 2023
The inspection occurred offsite on the following dates: July 12, 13, 17, 2023

The following intakes were inspected during this Complaint Inspection:
- Intakes #00089020 and #00087655 regarding concerns regarding a resident's care.

The following intakes were inspected during this Critical Incident (CI) Inspection:
- Intakes #00011763 and #00088519 regarding improper care of a resident
- Intake #00022198 regarding a staff to resident abuse

- Intake #00087478 regarding a resident to resident abuse; and
- Intake #00091271 regarding the home's Falls Prevention and Management 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
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Pain Management
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)

The licensee has failed to ensure that a resident and their Substitute Decision Maker (SDM), were informed about a change in the resident's plan of care.

Rational and Summary:
A resident and their SDM shared decision making about the resident's care.

The resident's physician made a change in their plan of care. The resident and their SDM were not made aware.

A Registered Nurse (RN) and a Registered Practical Nurse (RPN) said that when there were changes made to a resident's plan of care, the resident and/or their SDM would be informed to obtain their consent.

Failure to inform the resident and their SDM prevented an opportunity for them to be part of the decision making.

Sources: Resident's medical records, and interviews with staff. [606]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee has failed to ensure two residents received weekly skin and wound assessments for their areas of altered skin integrity.

Rationale and Summary:
A) A resident had areas of altered skin integrity.

The resident's Weekly Other Skin Alteration Assessments were missing information required to complete the assessment. Two RPNs said weekly skin and wound assessments must be completed in their entirety.

Sources: Resident's weekly skin and wound assessments, and interview with staff.[606]

B) A resident had multiple areas of altered skin integrity.

The resident's Weekly Skin Assessments were incomplete.
An RPN acknowledged that a skin assessment should include the size and colour of the area.

Failure to complete the residents' skin integrity assessments completely may have impacted decisions made related to treatment.

Sources: resident's care plan, skin assessments, and interviews with staff. [606]

WRITTEN NOTIFICATION: Pain Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (2)

The licensee has failed to ensure that when initial interventions were ineffective that a resident was assessed for pain using a clinically appropriate assessment instrument.

Rational and Summary:
A resident fell and verbalized pain to a specific area. Staff administered the resident's as needed pain medications, but the effect was short- term.

The resident continued to report worsening pain on several occasions after the incident. Staff were aware of the resident's unmanaged pain, however, did not complete a comprehensive pain assessment as required.

There were no Comprehensive Pain assessments found in the resident's clinical records. An RPN said that a pain assessment should have been completed.

Failure to complete a pain assessment for the resident delayed them from receiving immediate and appropriate treatment to address their pain.

Sources: resident's medical records, and interview with the resident and staff. [606]

COMPLIANCE ORDER CO #001 Plan of Care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)

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

1. Ensure a PSW reviews a resident's plan of care; and
2. Document the date and time of the review.
3. Develop and implement an audit to ensure the resident's plan of care is implemented as outlined in the plan. Auditing must occur weekly until compliance is demonstrated for two weeks. This process must include the date and documentation of observation, and actions taken to address unsafe practices if observed.
4. Perform weekly audits on a home area to ensure staff are following residents' post fall interventions as set out in the plan of care until compliance is demonstrated for two weeks. This process must include the date and documentation of observation, and actions taken to address

unsafe practices if observed.

Grounds
The licensee has failed to ensure that the care set out in the plan of care was provided to two residents as specified in the plan.

Rationale and Summary:
A) A resident fell and sustained an injury during care. As a result of the resident's injury, the resident had a significant change in their status.

A PSW said they did not follow resident's plan of care for the resident because they had not reviewed the plan of care before they provided care.

Failure to follow the resident's plan of care may have contributed to the resident's fall and injury.

Sources: The resident's medical records, and interviews with staff. [606]

B) A resident had a fall that resulted in an injury. The resident's plan of care instructed staff for a specific intervention.

The resident was observed by inspector #000688 on three separate occasions where the intervention outlined in the resident's plan of care was not followed. A Personal Support Worker (PSW) acknowledged that they did not provide the intervention as outlined in the plan of care.

Sources: Observation of the resident, review of the resident's medical records, and interview with staff. [000688]

This order must be complied with by September 29, 2023

COMPLIANCE ORDER CO #002 Duty to protect

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)

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

1. Complete a weekly audit to ensure that interventions/strategies to address a resident's physically responsive behaviours are implemented. The audit should also ensure that in situations where the interventions are not effective, alternative interventions have been considered.
2. Document the audits and actions taken based on the audit results.
3. Review and revise, as appropriate, the home's responsive behaviour policy to include:
    a) The process for the Behavioural Support Ontario lead to make recommendations for interventions to the home's management team.
    b) The process to re-assess a resident when an intervention for responsive behaviours is discontinued to ensure safety of residents.

Grounds

The licensee has failed to protect a resident from physical abuse by another resident.

As per O. Reg. 246/22 s. 2 (1), "physical abuse" means, the use of physical force by a resident that causes physical injury to another resident; ("mauvais traitements d'ordre physique")

Rationale and Summary:

Residents #004 and #005 had a physical altercation which caused resident #004 to sustain an injury.

According to resident #005's medical records, the resident had altercations with other residents on several occasions.

Director of Care (DOC) stated that they were aware of the resident's responsive behaviours towards others. Despite the home's knowledge of the resident's continued responsive behaviours towards staff and other residents, they did not protect resident #004.

Sources: clinical record review of both residents, home's internal investigations, review of the incident's video recording, and interview with staff. [000688]

This order must be complied with by October 29, 2023

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $11000.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

Compliance Order #001 of Inspection #2022-1365-003 - $5,500 AMP issued.
Compliance Order #001 of Inspection #2022-729615-0002.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.