

**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

## Original Public Report

<b>Report Issue Date:</b> February 23, 2023	
<b>Inspection Number:</b> 2023_1075_0003	
<b>Inspection Type:</b> Proactive Compliance Inspection (PCI)	
<b>Licensee:</b> Chartwell Master Care LP	
<b>Long Term Care Home and City:</b> Chartwell Elmira Long Term Care Residence, Elmira	
<b>Lead Inspector</b> Katherine Adamski (#753)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> April Racpan (#218) Mark Molina (#000684)	

## INSPECTION SUMMARY

<p><b>The inspection occurred on the following date(s):</b> February 6-9, 14-16, 2023</p> <p><b>The following intake(s) were inspected:</b></p> <ul style="list-style-type: none"> <li>• Intake: #00019403 - Proactive Compliance Inspection</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Medication Management
- Food, Nutrition and Hydration
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Residents' Rights and Choices
- Pain Management
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: GENERAL REQUIREMENTS

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

Non-compliance with: O.Reg. 246/22, s. 34 (1) 1.

The licensee has failed to ensure that a written description of the programs included protocols for the referral of residents to specialized resources for the home's Falls Prevention and Skin and Wound Program.

#### Rationale and Summary

The home did not have a written description of the process for referring residents to specialized resources in relation to falls prevention and skin and wound care.

Specifically, there was no description of who staff would contact internally or externally in relation to falls prevention and skin and wound care, or when or how they would contact someone.

Not having a written description that included protocols for the referral of residents to specialized resources, placed residents at risk for not receiving appropriate care if specialized resources were required.

**Sources:** Skin Care Program Policy (#LTC-CA-WQ-200-08-01, last revised December 2017), Falls Prevention Program Policy (#LTC-CA-WQ-200-07-08, last revised June 2022), interviews with the Skin and Wound Care Lead and RAI-C/Falls Prevention Program Lead #103.

[#753]

### WRITTEN NOTIFICATION: CQI INITIATIVE REPORT

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

Non-compliance with: O. Reg. 246/22, s. 168 (6) (b)

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) interim report prepared under the O. Reg. 246/22 s. 168 (5), was provided to the Resident's Council.

#### Rationale and Summary

The Fixing Long-Term Act, 2021, and O. Reg. 246/22 came into effect on April 11, 2022.

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As per O. Reg. 246/22 s. 168 (5), it states that every licensee of the long-term care home (LTCH) shall, within three months of coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.

The LTCH's interim report titled "Quality Improvement Plan (QIP): Narrative for Healthcare Organizations in Ontario" (QIP 2022/23) was completed on June 24, 2022.

The Resident's Council president stated that the CQI interim report was not provided to the members of the Resident's Council for review, nor was it provided during any of the Resident's Council monthly meetings. They said they were not familiar with the home's priority areas for quality improvement and had not seen the report.

Not providing the Resident's Council with the CQI interim report may have impacted their ability to participate in the development of the home's quality improvement initiatives.

**Sources:** LTCH's CQI interim report (QIP: Narrative for Health Care Organizations in Ontario) dated June 24, 2022, interviews with the Resident's Council President and CQI Lead #103.

**WRITTEN NOTIFICATION: EXPERIENCE SURVEY**

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

Non-compliance with: FLTCA, 2021, s. 43 (5) (a)

The licensee has failed to ensure that the documentation related to the results of the Resident and Family Experience survey was made available to the Resident's Council to seek their advice.

**Rationale and Summary**

The Resident and Family Experience Survey was completed in June 2022.

The results of the survey were documented and posted on the communication board near the home's front entrance. However, the Resident's Council president stated that they were not aware that the survey results were posted, and they were not informed by anyone at the home as to where they could locate or access the information.

Additionally, the CQI Lead said that the survey results were normally shared during the Resident's Council monthly meetings, however, a review of the meeting minutes did not indicate that the survey results were made available to the Resident's Council.

Not making the results of the Resident and Family Experience survey available to Resident's Council may have impacted their ability to carry out their roles and responsibilities.

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**Sources:** 2022 Resident Satisfaction Report, Resident’s Council meeting minutes (October 2022 – January 2023), interviews with the Resident’s Council President, the CQI Lead #103, and other staff.

**WRITTEN NOTIFICATION: HOUSEKEEPING**

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

Non-compliance with: O.Reg. 246/22, s. 93 (2) (b) (i)

The licensee has failed to ensure that cleaning and disinfection was implemented in accordance with the manufacturer’s specifications, for resident care equipment such as transfer lifts.

**Rationale and Summary**

The home used Accelerated Intervention low-level disinfectant wipes for the purpose of cleaning and disinfecting resident shared equipment, such as mechanical transfer lifts. As per the manufacturer’s instructions related to the cleaning and disinfection of lifts, it stated that the equipment should be regularly cleaned and disinfected using disinfection wipes.

Two Personal Support Workers (PSW) entered a resident’s room to assist them with toileting, using a mechanical lift. PSW #109 used a non-alcoholic wet wipe mixed with a pump of hand sanitizer as a form of disinfecting the transfer lift after use. PSW #109 acknowledged that they applied the incorrect method of disinfecting the equipment. Accelerated low-level disinfectant wipes were available but were not used as required.

Not cleaning or disinfecting resident shared equipment as per the manufacturer’s instructions placed residents at potential risk for transmitting and contracting infection diseases.

**Sources:** Observation on February 6, 2023, LTCH’s policy titled “Cleaning, Disinfection and Sterilization”, last revised January 2023, Manufacturer’s Instructions, titled “ARJOHUNTLEIGH GETINGE GROUP, Maxi 500 – Instructions for Use”, dated July 2012, interviews with PSW #109 and the Infection Prevention and Control Lead #103.

[#218]