



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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 # / Registre no	Type of Inspection / Genre d'inspection
Jun 19, 2017	2017_482640_0008	006726-17	Complaint

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as
General Partner
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Wenleigh Long Term Care Residence
2065 Leanne Boulevard MISSISSAUGA ON L5K 2L6

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

HEATHER PRESTON (640)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): April 7, 10 and 11, 2017
Araba Opong (465) was on site during the inspection.**

**The following complaint inspections were inspected;
Complaint log #006726-17 related to care concerns
Complaint log #007141-17 related to care concerns**

**During the course of the inspection, the inspector(s) spoke with Administrator,
Resident Services Director of Care, Clinical Director of Care, Assistant Director of
Care, Resident Assessment Instrument (RAI) Coordinator, Registered Nurses,
Registered Practical Nurses, Personal Support Workers, Resident and family
member.**

**During the course of the inspection, the inspector(s) , observed resident care
areas, interviewed staff, interviewed resident, interviewed family, reviewed clinical
records and home policy.**

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Hospitalization and Change in Condition
Personal Support Services**

During the course of this inspection, Non-Compliances were issued.

**2 WN(s)
0 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>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 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 the resident and the resident's needs and preferences.

Resident #001 was sent to the hospital and returned some time later. According to the clinical record, the resident was assessed to require treatment every four to five days. Resident #001 needed a further consultation three days later and was assessed to require treatment every three days. The Consultant faxed the report with the new treatment plan to the home. Review of the plan of care by the Long Term Care Home (LTCH) Inspector revealed the plan of care had not been updated and was no longer based on an assessment of the resident's needs and preferences. During interviews with Registered Practical Nurse (RPN) #100, the RPN told the LTCH Inspector, the required treatment was to occur every four to five days. The RPN was not aware that the care needs of the resident had changed to require treatment every three days. During an interview with the Assistant Director of Care (ADOC) by the LTCH Inspector, the ADOC informed the LTCH Inspector it was an expectation of the home that when a resident was assessed, staff were to ensure the care set out in the plan of care was based on the most recent assessment of the resident's needs. [s.6. (2)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee failed to ensure where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was complied with.

In accordance with Regulation, s.48, required the licensee to ensure that the interdisciplinary programs including a continence care and bowel management, programs were developed and implemented in the home and each program must, in addition to meeting the requirements set out in section 30, provide for screening protocols; and provide for assessment and reassessment instruments. O. Reg. 79/10, s.48

Resident #001 was transferred to a hospital for treatment. Upon the resident's return from hospital, not all appropriate assessments were completed by the home. According to the home's policy, staff were directed to complete an assessment if a significant change in status assessment resulted in a new or change in the previous assessment level of the resident. The Assistant Director of Care confirmed there was no assessment completed for resident #001 upon return from hospital. Interview with the Director of Care and the Clinical Director of Care, both confirmed it was expected that an assessment be completed within five days, for resident #001, upon return from hospital, due to the significant change in their status. [s. 8. (1) (b)]

Issued on this 4th day of July, 2017

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

Original report signed by the inspector.