



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Health System Accountability and Performance
Division

Performance Improvement and Compliance Branch

Division de la responsabilisation et de la
performance du système de santé

Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 2, 25, Dec 1, 2011	2011_061129_0005	Complaint

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 NIAGARA LONG TERM CARE CENTRE
120 WELLINGTON STREET, P.O. BOX 985, NIAGARA-ON-THE-LAKE, ON, L0S-1J0

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

PHYLLIS HILTZ-BONTJE (129)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care, Registered/Personal Support nursing staff and the Physiotherapist

During the course of the inspection, the inspector(s) observed the resident, reviewed the clinical record and reviewed the homes policies/procedures and program related to falls.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 subsections:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. Physiotherapy and Nursing staff did not collaborate in the assessment of an identified resident, with respect to multiple falls.
a) The resident experienced multiple episodes of falling in 2011. Nursing staff conducted an assessment of the resident related to falls and identified the resident as a risk for falling. The Physiotherapy staff confirmed that a physiotherapy assessment of the resident during this time period did not address falls and particularly the recent increase in falls experienced by this resident. Physiotherapy staff confirmed they were not aware that this resident was having falls and the results of the assessments completed by nursing staff were not shared with the physiotherapy staff.

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 subsections:

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

Findings/Faits saillants :

1. The licensee did not comply with their established policies, procedures and process required with respect to falls prevention and management.
The licensee policy # NUR-V-66 "Falls - Resident" directs staff to notify physician of the incident, notify the family of the incident, complete an "Incident Report", document the resident's condition for 48 hours following all falls and complete an "Immediate Fall Debrief".
An identified resident had multiple falls in 2011 and the Power of Attorney(POA) was not notified on 2 occasions, an immediate fall debrief was not completed by the multidisciplinary team on 5 occasions, the physician was not notified on 2 occasions and the resident's condition was not monitored for 48 hours following the fall on 3 occasions.



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Issued on this 6th day of December, 2011

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