



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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 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
Feb 20, 2013	2013_214146_0015	H-000013- 13	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

BARBARA NAYKALYK-HUNT (146)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 13, 14, 2013

During the course of the inspection, the inspector(s) spoke with the administrator, the Director of Care (DOC), the associate Director of Care (ADOC), registered staff, Personal Support Workers (PSW'S), residents and family members.

During the course of the inspection, the inspector(s) toured the home, reviewed falls management policies and resident health records.

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
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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee did not ensure that the home was a safe and secure environment for its residents.

i. On a random check of resident rooms and bathrooms on the secure unit, observed on an open shelf in room 323's bathroom, liquid deodorant spray, fragrance spray, deodorant gel and a opened box of denture cleaning tablets. The door to the room and bathroom were ajar and open to the hallway where residents were standing and walking. [s. 5.]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).

(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :



1. The licensee did not ensure that the

(a) home, furnishings and equipment were kept clean and sanitary.

In a random tour of the resident areas between 10 and 11 am February 13, 2013, the following was noted:

i. The resident washroom in the hallway opposite the 2nd floor nurses station had dark yellow staining or soiling on the floor around the base of the toilet pedestal.

ii. room 213 - The commode chair placed over top of the toilet seat was soiled and the legs and wheels of the commode were stained or soiled dark yellow from what appeared to be rust. The floor was stained dark yellow/brown around the base of the toilet.

iii. room 211 - the floor around the base of the toilet was stained and/or soiled

iv. room 228 - the baseboards in the bathroom had clumps of dirt/dust stuck to the plastic baseboard in the corners

v. room 232 - the floor in the room was gritty and soiled as was the fall mat on the floor beside the bed. The bathroom floor was soiled at the base of the toilet.

vi. room 233 - the enamel or porcelain rim of the toilet bowl was visibly soiled where the toilet seat divided in the front

vii. room 235 - an unoccupied resident room had a soiled toilet bowl . DOC was in attendance and agreed it was unacceptable

viii. room 236 - floor at base of toilet soiled

ix. room 303 -toilet seat and bowl soiled/stained and floor stained

x. room 301 - seat soiled and floor stained

xi. room 320 - base of toilet yellow/brown soiling

xii. room 323 - commode seat over toilet soiled [s. 15. (2)]



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Issued on this 20th day of February, 2013

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

ZARB NAYKALYK-HWY