

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

**Sudbury Service Area Office**  
159 Cedar St, Suite 403  
Canada, ON, P3E 6A5  
Telephone: (800) 663-6965  
sudburysao.moh@ontario.ca

<b>Original Public Report</b>	
<b>Report Issue Date:</b> November 18, 2022	
<b>Inspection Number:</b> 2022-1349-0001	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Chapleau Health Services	
<b>Long Term Care Home and City:</b> The Bignucolo Residence, Chapleau	
<b>Lead Inspector</b> Karen Hill (704609)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred on the following date(s): October 3-4, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• One intake related to a fall resulting in a significant change in condition.</li> </ul>

The following **Inspection Protocols** were used during this inspection:

- Falls Prevention and Management
- Infection Prevention and Control

## **INSPECTION RESULTS**

### **WRITTEN NOTIFICATION: GENERAL REQUIREMENTS FOR PROGRAMS**

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**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.** Non-compliance with: O. Reg. 246/22, s. 34 (1) 2.

The licensee has failed to ensure, that where the Act required, that staff use of any equipment, or assistive aids with respect to a resident, were appropriate for the resident based on their condition.

**Rationale and Summary**

A resident sustained a fall with injury, while self-mobilizing.

The resident's health record indicated that the resident required staff assistance when mobilizing and did not use a mobility aid.

A registered staff member stated that they had assessed the resident that morning and decided to use a specified mobility aid for the resident; indicating that they "felt safer" because the resident was using the mobility aid. The registered staff member acknowledged that for a specified reason, the mobility aid was not ideal for the resident.

Another registered staff member and the DOC both verified that the use of the mobility aid as implemented, was not appropriate for the resident's condition, and that the staff member should have used a different mobility aid if one was required.

There was high impact and high risk to the resident when the home did not ensure that the mobility aid used for falls prevention, was appropriate for the resident's condition, as the resident sustained a significant injury from the fall.

**Sources:** A resident's health record; the home's risk management report; critical incident investigation notes; the home's policy titled "Fall Prevention Program-Long Term Care", last revised in 2021; and interviews with staff and the DOC.

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## WRITTEN NOTIFICATION: GENERAL REQUIREMENTS

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

The licensee has failed to ensure that the Falls Prevention and Management program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

#### Rationale and Summary

The home's policy titled, "Fall Prevention Program-Long Term Care", was last revised on a specified date in 2021.

The DOC verified that a specified committee was responsible to evaluate and approve any changes to the home's falls prevention and management program each year. The DOC confirmed that the program was not evaluated or updated since the specified date in 2021.

There was minimal risk and minimal impact to the residents, when the home failed to ensure, that at least annually, the home's falls prevention and management program was evaluated and updated.

**Sources:** Home's policy titled, "Fall Prevention Program-Long Term Care", last revised in 2021; specified committee's minutes of meeting; and interview with the DOC.

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## WRITTEN NOTIFICATION: GENERAL REQUIREMENTS

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

The licensee has failed to ensure that, a written record was kept related to the annual evaluation of the falls prevention and management program, that included the names of the persons who participated in the evaluation, a summary of the changes made, and the date that those changes were implemented.

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### Rationale and Summary

The home's "Falls Prevention Program" policy was revised on a specified date in 2021. The revision history, documented in the policy, indicated there were three changes made to the program.

The home was unable to locate documentation of the evaluation of the falls prevention program related to the changes made.

The DOC acknowledged that the evaluation usually took place at a specified meeting; that there should have been a written record of when the evaluation took place, who participated in the discussion, and of the changes made.

There was minimal risk and minimal impact to the residents when the home failed to ensure that a written record was kept related to the annual evaluation of the Falls Prevention and Management program, which included the names of the persons who participated in the evaluation.

**Sources:** Home's policy titled "Fall Prevention Program-Long Term Care", last revised in 2021; specified committee, minutes of meeting; and interview with the DOC.

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## 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 (2)

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

The Licensee must comply with the FLTCA, 2021, s. 6 (2).

Specifically, the licensee shall ensure that the care set out in the plan of care is based on the assessment and needs of the resident, by completing the following:

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- a) Develop and implement a documented process to ensure that registered staff and others involved in the care of a resident, collaborate with each other in their assessment of the resident related to falls, so that their assessments are integrated, consistent with, and complement each other.
- b) Develop and implement a documented process to ensure that resident fall risk and the interventions to mitigate falls, are clearly outlined in the written care plan for the resident and are based on the assessments and individual needs of the resident. This process must identify the person(s) responsible to ensure compliance with the process.
- c) Review and revise the home's fall prevention policy to include the processes established in a) and b) and in accordance with evidence-based practices. Documentation of the review and revisions, including the names of the persons who participated in the review, the changes made, and the date those changes were implemented, must be maintained.
- d) Provide training to all direct care staff on the revised fall prevention policy. Documentation of the training, including who provided the training, the names of the staff trained, and dates of the training, must be maintained.
- e) Develop and implement an auditing method to ensure that the processes established by the home, are being implemented as outlined. The audits must be conducted on a weekly basis and continued for at least one month post compliance due date. A record of the audits must be maintained.

**Grounds Non-compliance with: FLTCA, 2021 s. 6 (2)**

The licensee failed to ensure that the care set out in the plan of care for a resident was based on an assessment of the resident and their needs.

**Rationale and Summary**

A resident had a fall which resulted in a significant change in condition.

A registered staff member and the DOC both acknowledged that the assessments completed, were not consistent with each other regarding falls, for the resident. Additionally, they confirmed that the care plan for the resident, did not reflect the assessed needs for the resident and should have included a focus of "falls" along with interventions to mitigate falls. Additionally, the DOC indicated that the home's falls prevention program required all residents

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to have universal fall prevention interventions in place, written out in their care plan, and specific to their needs.

There was a moderate level of risk and high impact to the resident, when the staff failed to ensure that the care set out in the plan of care was based on consistent assessments and the needs of the resident, which may have contributed to the resident's fall and resulting injury.

**Sources:** Resident's electronic health record; the home's policy, "Falls Prevention Program-Long Term Care", last revised in 2021; and interviews with staff and the DOC.

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**This order must be complied with by January 3, 2023**

## 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

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commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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**



**Inspection Report Under the  
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Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
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Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).