

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Central East Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 8, 2020	2020_668543_0016	003759-20, 005372- 20, 015524-20	Complaint

Licensee/Titulaire de permisThe Royale Development GP Corporation as general partner of The Royale
Development LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Bloomington Cove Care Community
13621 Ninth Line Stouffville ON L4A 3C8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TIFFANY BOUCHER (543), KEARA CRONIN (759), STEVEN NACCARATO (744)

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): September 28 to October 2, 2020.

The following intakes were inspected during this inspection:

-one related to housekeeping concerns,

-one related to a fall, and

-one related to environmental concerns in the home.

During the course of the inspection, the inspector(s) spoke with the Executive Director/Administrator, Director of Care (DOC), Assistant Director(s) of Care (ADOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Resident Assessment Instrument (RAI) Coordinator, Housekeeping and the Environmental Manager.

The Inspector also observed resident care areas, the provision of care and services to residents, staff to resident interactions, reviewed relevant health care records, internal investigation documents and policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Falls Prevention

Nutrition and Hydration

Safe and Secure Home

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 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 has failed to ensure the Falls Prevention and Management policies and procedures included in the required Falls Prevention and Management Program were complied with, for resident #001.

O. Reg. 79/10, s. 48 (1) 1. required an organized program for falls prevention and management that was developed and implemented in the home.

O. Reg. 79/10, s. 49 (1) required that the Falls Prevention and Management program must, at minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Specifically, staff did not comply with the home's policy and procedure titled "Falls Prevention and Management".

The Falls Prevention and Management policy required that the nurse monitor the head injury routine (HIR) as per the schedule on the form post-fall for signs of neurological changes. After a review of a resident's HIR monitoring records for falls that occurred on four separate days in 2020, there was noted incomplete documentation and entries that indicated that the resident was sleeping.

The DOC indicated that the HIR is important to monitor for neurological changes and confirmed that they should have been completed.

Sources: Falls Prevention and Management policy, the resident's HIR monitoring records, interviews with the DOC and other staff. [s. 8. (1) (a), s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that their Falls Prevention and Management policies and procedures included in the required Falls Prevention and Management Program were complied with, to be implemented voluntarily.

**WN #2: 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee failed to ensure that the provision of care set out in resident #001's plan of care was documented.

Resident orders indicated that falls management interventions were to be applied at a specific time. After a review of the resident's Treatment Administration Record (TAR) it was noted incomplete documentation, for the application of the interventions. RPN verified that the falls management interventions were applied but that it was not documented.

Sources: Resident's TAR, interview with RPN and other staff. [s. 6. (9) 1.]

Issued on this 14th day of October, 2020

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

Original report signed by the inspector.