



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> August 24, 2010	<b>Inspection No/ d'inspection</b> 2010_121_2788_Aug24144126	<b>Type of Inspection/Genre d'inspection</b> Critical Incident L-00495
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**Licensee/Titulaire**  
MacGowan Nursing Homes Ltd.  
R.R.#1 Wingham ON N0G 2W0

**Long-Term Care Home/Foyer de soins de longue durée**  
Braemar Retirement Centre  
719 Josephine St. N., R.R. # 1, Wingham, ON N0G 2W0

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Elizabeth Elvidge (121)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with: The Administrator, the Director of Care, and the PSW witness to the Incident.

During the course of the inspection, the inspector: Reviewed the resident's chart, visited the room where the incident took place, reviewed the Home's Falls Prevention and Management Program.

The following Inspection Protocols were used in part or in whole during this inspection:  
Falls Prevention and Management Program

There are no findings of Non-Compliance as a result of this inspection.

Findings of Non-Compliance were found during this inspection. The following action was taken:

7 WN  
6 VPC

**NON- COMPLIANCE / (Non-respectés)**



<b>Definitions/Définitions</b>	
<p>WN – Written Notifications/Avis écrit  VPC – Voluntary Plan of Correction/Plan de redressement volontaire  DR – Director Referral/Régisseur envoyé  CO – Compliance Order/Ordres de conformité  WAO – Work and Activity Order/Ordres: travaux et activités</p>	
<p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> <p>Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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>Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.</p> <p>Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue durée</i> à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.</p>

**WN #1:** The Licensee has failed to comply with the LTCHA 2007, S.O. 2007, c. 8, s. 6(4)(a)  
**The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.**

**Findings:**  
**No evidence of staff collaboration in the post-fall assessment and development of the Plan of Care.**

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**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 there is collaboration in the assessment so their assessments are integrated, consistent and complement each other to be implemented voluntarily.**

**WN #2:** The Licensee has failed to comply with O. Reg. 79/10, s221 (1) 1  
**For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents: Fall prevention and management.**

**Findings:**  
**No evidence of training in post-fall management for staff.**

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**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 by ensuring staff receive training in.**



the Home's Falls Prevention and Management Program, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O. Reg. 79/10, s.26 (3) 10**  
A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Health conditions, including allergies, pain, risk of falls and other special needs.

**Findings:**  
Revisions to Plan of Care based on an incomplete post-fall assessment.

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**WN #4: The Licensee has failed to comply with O. Reg. 79/10, s.36**  
Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

**Findings:**  
Unsafe technique used to turn and position resident.

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**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 staff use safe positioning techniques when assisting residents, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O. Reg. 79/10, s.48 (2) (b)**  
Each program must, in addition to meeting the requirements set out in section 30, provide for assessment and reassessment instruments.

**Findings:**  
No evidence of a post-fall assessment instrument.



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<b>Additional Required Actions:</b> VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by adding and using assessment and re-assessment instruments to the Home's Falls Prevention and Management Program, to be implemented voluntarily.	

<b>WN #6: The Licensee has failed to comply with O. Reg. 79/10, s.49 (1)</b> The falls prevention and management program must, at a 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.	
<b>Findings:</b> The current Falls Prevention and Management Program does not include interventions or actions post-fall.	

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<b>Additional Required Actions:</b> VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, by ensuring that the Falls Prevention and Management Program meets the requirements of the Regulations, to be implemented voluntarily.	

<b>WN #7: The Licensee has failed to comply with O. Reg. 79/10, s.49 (2)</b> Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.	
<b>Findings:</b> No post-fall assessment completed on an instrument designed for falls. Internal management investigation incomplete.	
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**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, by ensuring a post-fall assessment is completed after falls, to be implemented voluntarily.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> <p><i>Elizabeth Cludge</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). August 31, 2010</p>