Ontario

**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**


**Long-Term Care Homes Division**
**Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée**
**Inspection de sions de longue durée**

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## Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Apr 22, 2016 | 2016_270531_0014 | 005227-16 | Critical Incident System |

### Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

### Long-Term Care Home/Foyer de soins de longue durée

CARESSANT CARE MARMORA
58 BURSTHALL STREET P.O. BOX 429 MARMORA ON K0K 2M0

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

SUSAN DONNAN (531)

### Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): April 19 and 20, 2016.**

**Log # 005227-16 related to a resident fall**

**During the course of the inspection, the inspector(s) spoke with the resident, personal support workers, registered practical nurses, register nurses, the resident care coordinator, a physiotherapy aide, the Director of Care and the Administrator.**

**During the course of the inspection the inspector toured the home, observed resident care and services, reviewed resident health care records, and appropriate policies and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Hospitalization and Change in Condition**

**During the course of this inspection, Non-Compliances were issued.**
- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCHA 2007, s. 6(7) in that the care set out in resident #001's plan of care was not provided as specified in the plan pertaining to fall prevention.

In reference to Log # 00527-16
Critical incident #2718-000001-16

On a specified date resident #001 fell and sustained an injury requiring transfer to hospital.
Resident #001's care plan was reviewed and indicated the following:

- Resident #001 was a risk for falls related to multiple risk factors including history of falls.
- interventions included : two persons to assist at all times, call bell with in reach, hi-low bed, floor mat, personal alarm, transfer and change positions slowly.

Dressing: provide total assistance for all aspects of dressing. Resident does not participate.

Transferring from one position to another: two person transfer

RPN #102 was interview on April 19 and RN #103 on April 21, 2016 and both confirmed being on duty on the date of the incident and the first to respond to request for assistance.
RPN #102 reported to inspector #531 she opened the door to discovered PSW #107 and resident #001 on the shower room floor. Both RPN #102 and RN #103 told the inspector that PSW #107 indicated that she was dressing resident #001 after she had showered the resident. PSW #107 had dressed the upper portion and partial lower portion of residents body and positioned resident #001 in front of the grab bar in the shower room to assist the resident to stand to adjust resident #001's clothing. While in the standing position resident #001 let go of the bar, fell to the floor and struck her head. Both confirmed that PSW #107 had not provided care as set out in the care plan as the plan specifies resident #001 requires assistance of two staff to dress and transfer resident #001.
PSW #107 was not available for an interview.

Subsequently the Administrator and Director of Care were interviewed and both confirmed that PSW #107 did not provide resident #001 with care as specified in the plan. Both indicate that the employee was disciplined and education sessions provided for falls prevention, transferring and positioning residents as specified in care plans. [s. 6. (7)]

***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 that care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**Issued on this 22nd day of April, 2016**

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

**Original report signed by the inspector.**