



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
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Performance Improvement and  
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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**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 31, 2014	2014_328571_0011	O-000639- 13	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 ON MCLAUGHLIN ROAD  
114 McLaughlin Road, LINDSAY, ON, K9V-6L1

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

PATRICIA BELL (571)

### **Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): July 14-18, 21, 2014**

**A complaint and two critical incident logs were inspected concurrently: Log O-000461-14, O-000639-13 and O-000243-14. Furthermore, this inspection report contains non-compliance issued by Inspector #111 for inspection conducted on July 11, 14-18, 21, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Resident Care Coordinator(RCC), RAI/MDS Coordinator, Programs Manager, Activity Aid, Registered Nurses(RN), Registered Practical Nurses(RPN), Personal Support Workers(PSW), and Residents.**

**During the course of the inspection, the inspector(s) reviewed clinical records, Safety Plan policy, and Code Care policy.**

**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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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. Under Ontario Regulation 79/10 s.49 (1) 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.

(2) 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.

In this home, this Fall Prevention Program is identified under the "Safety Plan-Resident" policy.

Re: Log O-000639-13

A Critical Incident reported Resident #1 fell and sustained an injury for which they were sent to the hospital.

Resident #1 used a walker and wheelchair, and forgets to ring call bell for assistance.

Review of the homes policy "Safety Plan-Resident" indicated under Part C-Post Fall Management:

-upon discovery of a fall, code care is called, and the interdisciplinary team will initiate head injury routine and assess for any potential injury associated with the fall, notify the attending physician, complete a post fall investigation form and detailed progress note.

Review of Resident #1's clinical records indicates the following falls for this time period. To summarize:

Over a twenty-eight day period, Resident #1 fell a total of nine times. After the seventh fall, Resident #1 sustained a serious injury. A Post Fall Investigation form was completed after the resident's eighth and ninth fall contrary to the home's policy that a Post Falls Investigation form should be completed after each fall. [s. 8. (1) (a), s. 8. (1) (b)]

2. Re: Log O-000217-13:

Review of progress notes for Resident #14 indicated:

-resident fell three times over a three month period



Interview of the DOC indicated when a resident falls; a post fall investigation form is to be completed.

Review of the homes policy "Safety Plan-Resident" indicated under Part C-Post Fall Management:

-upon discovery of a fall, code care is called, and the interdisciplinary team will initiate head injury routine and assess for any potential injury associated with the fall, notify the attending physician, complete a post fall investigation form and detailed progress note.

Review of the post fall assessments indicated a "Safety Plan- Post Fall Investigation" form was completed on January 29, 2014 but the "action plan" section was blank. Contrary to the home's policy there were no other documented post fall assessments forms.

Therefore, the licensee failed to ensure that their Safety Plan - Resident policy was (b) complied with. [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 all staff will follow the homes Safety Plan-Resident and Code Care policy upon discovery of a Resident fall, to be implemented voluntarily.***

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**Issued on this 8th day of August, 2014**

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