



**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  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
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### **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>
May 23, 2013	2013_162109_0024	T-27-13	Complaint

#### **Licensee/Titulaire de permis**

Downsview Long Term Care Centre Limited  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

Downsview Long Term Care Centre  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

SUSAN SQUIRES (109)

#### **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): May 13, 2013**

**During the course of the inspection, the inspector(s) spoke with Director of Care, Assistant Director of Care, RAI Coordinator, family member.**

**During the course of the inspection, the inspector(s) reviewed the health record for resident # 18, reviewed the homes falls preventions policy, the homes policy for 24-hour admission care plan.**

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

**Falls Prevention**



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Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 24. 24-hour admission care plan**

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**Specifically failed to comply with the following:**

- s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:**
- 1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks. O. Reg. 79/10, s. 24 (2).**
  - 2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks. O. Reg. 79/10, s. 24 (2).**
  - 3. The type and level of assistance required relating to activities of daily living. O. Reg. 79/10, s. 24 (2).**
  - 4. Customary routines and comfort requirements. O. Reg. 79/10, s. 24 (2).**
  - 5. Drugs and treatments required. O. Reg. 79/10, s. 24 (2).**
  - 6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions. O. Reg. 79/10, s. 24 (2).**
  - 7. Skin condition, including interventions. O. Reg. 79/10, s. 24 (2).**
  - 8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).**
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**Findings/Faits saillants :**

1. The licensee failed to ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. O. Reg. 79/10, s. 24 (1).
  - (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:
    1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.

Resident # 18 was identified on the CCAC application to be at a high risk of falls and had suffered falls prior to admission to the home.

There was no 24-hour plan of care in place which identified the risk of falling and interventions to mitigate the risk of falling.

The resident fell 4 days after he/she was admitted to the home. [s. 24. (2)]



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

**Specifically failed to comply with the following:**

**s. 49. (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. O. Reg. 79/10, s. 49 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that when the resident has fallen, that the resident has been assessed and if required a post fall assessment been conducted using a clinically appropriate assessment instrument that is specifically designed for falls. The home uses an incident and post falls analysis report which is filled out by the registered staff member when a resident has fallen.

Resident # 18 fell on December 18, 2012 and again on December 20, 2012. There was no falls analysis report completed after the two falls. [s. 49. (2)]

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**Issued on this 24th day of May, 2013**

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

A handwritten signature in black ink, appearing to be "S. J. [unclear]", written over a white background within a black-bordered box.