

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

Rapport d'inspection prévue
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 soins de longue durée

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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
Jul 24, 2019	2019_685648_0013	007805-19, 007806-19	Follow up

Licensee/Titulaire de permis

The 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

Cedarvale Lodge Retirement and Care Community
121 Morton Avenue Keswick ON L4P 2M5

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

JOVAIRIA AWAN (648)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 10, 11, 12, 15, and 16, 2019

Order follow up inspections were completed for the following log (#s):

Log# 005652-19, related to Compliance Order (CO) #002, issued to the licensee on April 10, 2019, within the inspection report#2019_414110_004 under LTCHA, 2007, c.8 s.6 (5) Plan of Care.

Log# 005463-19, related to Compliance Order (CO) #001, issued to the licensee on April 10, 2019, within the inspection report#2019_414110_004 under LTCHA, 2007, c.8 s.6 (4) Plan of Care.

During the course of the inspection, the inspectors reviewed resident care records, conducted observations, and reviewed relevant policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Acting Director of Care (ADOC), Registered Practical Nurses (RPN), Personal Support Workers (PSW's), and residents.

The following Inspection Protocols were used during this inspection:
Falls Prevention

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #001	2019_414110_0004		648
LTCHA, 2007 S.O. 2007, c.8 s. 6. (5)	CO #002	2019_414110_0004		648

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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 101.
Conditions of licence**

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. The licensee failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act.

On April 10, 2019, the compliance order (CO) #001, made under LCTHA, 2007, s 6. (4) was served.

The licensee must be compliant with LTCHA 2007, c. 8 .s 6 (4).

Specifically the licensee was ordered to:

1. Educate all registered staff and direct care staff on the risks associated with lack of collaboration in the assessment of the removal of bed rails sharing the investigation results leading up to the critical incident involving resident #001's fall.
2. Educate all registered staff and PSWs on the use of bed rails as either as PASDS or restraints so that assessments are consistent and collaborative.
3. All residents who have had bed rails removed, within the last 6 months, must have an assessment with evidence of collaboration with staff and others (PT).
4. All residents with bed rails must have an assessment collaborating with staff and others involved in the different aspects of care prior to their removal.
5. The homes policy for discharging bed rails must included collaboration among the disciplines and assessments and be shared with all registered staff and others involved.
6. A record shall be kept of steps #1 and #5.

The compliance date was April 30, 2019.

The Director of Care (DOC) provided inspector #648 with an education folder titled "Bed Safety Program" as the identified education that had been provided to staff. Review of the education folder identified an email dated April 18, 2019, from the DOC to the Nursing staff directed staff to review and sign off each section of the education folder for the "Bed Safety Program". The email included the following sections within the education binder for staff to review as a mandatory requirement to be met by April 26, 2019:

- 1) Bed Safety Program - Presentation
- 2) Bed Safety Program - Policy VII-E-10.18
- 3) Bed Rails - Policy VII-E-10.20
- 4) Restraint Implementation Protocols - Policy VII-E-10.00
- 5) Suggested Alternatives to the use of a Restraint - flow chart
- 6) Personal Assistance Service Devices (PASD'S) - Policy VII-E-10.10
- 7) Definitions, Types and Considerations for use of PASD's
- 8) Bed Entrapment Prevention - Policy VII-E-10.30
- 9) Falls/ED Prevention - Presentation

Review of the staff sign in education sheets identified in the "Bed Safety Program" identified nine registered staff and three PSW staff had completed the education during the period of April 18 - 26, 2019. Review of the employee roster identified 21 active registered staff and 29 active PSW staff in the long term care unit of the home.

RPN #103 was identified as the coordinating staff for the licensee in the implementation of the CO requirements related to bed safety and PASD use for residents in the home. Interview with RPN #103 identified they were unaware of the education component of CO #001 under items #1 and #2 and were unable to confirm if all active staff in the home had received education as required.

Staff education sign in sheets from the "Bed Safety Program" were reviewed with the Assistant Director of Care (ADOC). The ADOC identified staff listed on the sign in sheets did not reflect the complete compliment of active registered and PSW staff in the home. The ADOC confirmed the home failed to meet items #1 and #2 of CO#001 by April 30, 2019 as ordered. [s. 101. (3)]

Issued on this 24th day of July, 2019

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

Original report signed by the inspector.