

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Toronto District**  
5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

**Original Public Report**

<b>Report Issue Date:</b> July 18, 2023	
<b>Inspection Number:</b> 2023-1421-0003	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Copernicus Lodge	
<b>Long Term Care Home and City:</b> Copernicus Lodge, Toronto	
<b>Lead Inspector</b> Manish Patel (740841)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Rajwinder Sehgal (741673)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): June 26 - 30, 2023 and July 4, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00019781 - CIS #2937-000005-23, Intake: #00086921 - CIS #2937-000013-23, Intake: #00087108 - CIS #2937-000015-23 related to unknown cause of injury.</li> <li>• Intake: #00022359 - CIS #2937-000010-23, Intake: #00086969 - 2937-000014-23 and Intake: #00087884 - CIS #2937-000017-23 related to fall of resident resulting in injury.</li> <li>• Intake: #00087127 - CIS #2937-000016-23 related to improper intervention resulting in injury.</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Infection Prevention and Control
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: CARE PLANS AND PLANS OF CARE

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 27 (2) 1.

The licensee has failed to ensure that 24-hour admission care plan related to risk of falling, and interventions to mitigate that risk was developed for a resident and communicated to direct care staff within 24 hours of the resident's admission to the home.

#### **Rational and Summary**

A CIS (Critical Incident System) report was submitted to the Director regarding an incident with the resident.

The admission care plan identified that the resident was at risk for falls, however interventions to mitigate the potential risk for falls were not included in resident's care plan until days after admission.

The home's policy on "Care planning, MDS Assessments and RAP Review" dated July 2022 indicated that the initial care plan for the resident will include safety risk such as any risk of falling, and interventions to mitigate those risks.

Interview with Registered Practical Nurse (RPN) stated that the resident's written plan of care specific to risk for falling was completed days after their admission. DOC stated that staff were expected to complete the resident's written plan of care within 24-hours upon admission, including any risk of falling and acknowledged that falls interventions to mitigate risk for falls/injury were not identified in the resident's 24-hour care plan.

Failure to identify risk of falling and interventions to mitigate that risk placed the resident at risk of potential injury/harm.

**Sources:** Review of the home's policy "Care planning, MDS Assessments and RAP Review policy." #N0101 last reviewed July 2022, resident's care plan, progress notes, assessments, interviews with RPN, and DOC.

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## WRITTEN NOTIFICATION: INITIAL PLAN OF CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 28 (1) (a)

The licensee has failed to ensure that the assessment necessary to develop an initial plan of care under subsection 6 (6) of the Act was completed within 14 days of the resident's admission.

### Rationale and Summary

A resident's clinical records indicated Physiotherapy Initial Assessment was not completed on admission as per the home's policy.

The home's policy "Care planning, MDS Assessments and RAP Review" directed to complete Physiotherapy Initial Assessment on the computer upon resident's admission to the home to establish baselines for their care.

Physiotherapist (PT) indicated that the expectation is to complete Physiotherapy Initial Assessment for all residents upon admission to the home. PT and DOC acknowledged that the Initial Physiotherapy Assessment was not completed for the resident.

Failure to complete Initial Physiotherapy Assessment to develop an initial plan of care for the resident placed the resident at risk of not receiving care as per their needs.

**Sources:** Review of the home's policy "Care planning, MDS Assessments and RAP Review policy."  
#N0101 last reviewed July 2022, resident's care plan, progress notes, assessments, interviews with PT, and DOC.

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