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

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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 5, 2015	2015_264609_0003	009210-14	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF LONDON
c/o Dearness Home for Senior Citizens 710 Southdale Road East LONDON ON N6E 1R8

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

DEARNESS HOME FOR SENIOR CITIZENS
710 SOUTHDALE ROAD EAST LONDON ON N6E 1R8

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

CHAD CAMPS (609)

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): February 3,4 2015

During the course of the inspection, the inspector(s) spoke with 2 Assistant Directors of Care, 2 Personal Support Workers, 1 Registered Nurse, 1 Registered Practical Nurse, 1 Recreational Manager, and 1 Resident Assessment Instrument Coordinator.

The inspector reviewed medical records, reviewed plans of care, reviewed the home's policies and procedures, reviewed committee meeting minutes and observed care provided to residents.

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

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care for resident #01 is based on an assessment of the resident's needs and preferences.

Record review of the electronic clinical document shows Resident #01 has had falls occurring at a particular time of day. The post-fall assessment failed to identify this time of day as a trigger for fall risk.

Resident #01 was identified within the home's Fall Prevention and Management Program. However no identification of fall triggers was added into the plan of care.

Interview with the Assistant Director of Care and the Recreation Manager confirmed that it is the home's expectation that the needs, triggers and associated interventions should have be identified for resident #01 in the plan of care and that this was not done. [s. 6. (2)]

2. The licensee has failed to ensure that the resident's Substitute Decision Maker (SDM) has been provided the opportunity to participate fully in the development and implementation of the plan of care.

Record review shows Resident #01's plan of care was revised and notification of the SDM was not found documented in the electronic clinical record.

The Registered Nurse and Assistant Director of Care confirmed the expectation that changes to the plan of care are to be communicated to the SDM in order that they can participate fully in the development and implementation of the plan of care. [s. 6. (5)]

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).

Findings/Faits saillants :

1. The licensee has failed to ensure that when the resident has fallen, the resident has been assessed and a post-fall assessment has been conducted.

Record review shows Resident #01 had a fall. A post-fall assessment was not found documented in the electronic clinical record using a clinically appropriate assessment instrument.

The Assistant Director of Care and Recreation Manager confirmed the expectation that all falls be assessed and documented using a post-fall assessment instrument and that this was not done in the case of this resident's fall. [s. 49. (2)]

Issued on this 5th day of February, 2015

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

Original report signed by the inspector.