

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
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
Sep 16, 2021	2021_631210_0023	009276-20, 022122- 20, 011611-21, 013877-21	Critical Incident System

Licensee/Titulaire de permisSlovenian Linden Foundation
52 Neilson Drive Etobicoke ON M9C 1V7**Long-Term Care Home/Foyer de soins de longue durée**Dom Lipa
52 Neilson Drive Etobicoke ON M9C 1V7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SLAVICA VUCKO (210)

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): September 1, 2, 7, 8, 9, 13, and 14, 2021.

Four Critical Incident System (CIS) reports were inspected related to falls prevention.

During the course of the inspection, the inspector conducted observations of the home, including resident home areas, staff to resident interactions, reviewed internal investigation notes, and relevant home policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Physiotherapist (PT), Physiotherapy Assistant (PTA), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), and Maintenance Supervisor.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to resident #003 as specified in the plan.

This inspection was initiated due to a fall of resident #003 which occurred on a specified date, and resulted in injury.

Resident #003 was provided a specific therapy with a specific device and two-person assistance, as per the resident's assessment and condition. On a specified date an identified staff provided therapy to resident #003, in their room, by themselves with a different assistive device than the one recommended in the written plan of care. During the therapy the resident lost their balance and fell on the floor. The resident sustained injuries, for which they required transfer to hospital for treatment.

Resident #003 received the therapy by one staff on several occasions when an identified therapy staff was not working in the home.

The specific therapy to resident #003 was not provided by two persons, as per the written plan of care.

Sources: review of resident #003's clinical record, interview with different staff at the home. [s. 6. (7)]

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 the care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that any equipment, supplies, devices, assistive aids, or positioning aids used by the staff, were appropriate for the resident and based on the resident's condition.

This inspection was initiated due to a fall of resident #003 which occurred on a specified date, and which resulted in injury.

Resident #003 was provided a specific therapy with a specific device and two-person assistance, as per the resident's assessment and condition. The home was in COVID-19 outbreak and the residents were isolated in their rooms. On a specified date resident #003 received a therapy by one staff, in their room, with an assistive device different than the one recommended in their written plan of care. During the exercise the resident lost their balance and fell on the floor. The resident sustained an injury, for which they required transfer to hospital for treatment.

Due to COVID-19 restrictions, resident #003 was provided with a modified therapy with a different device which was not appropriate to be used by the resident and their condition. The modified therapy implementation was not assessed as per the resident's condition.

Due to the COVID-19 restrictions in the home, and decreased staffing, when the therapy was modified, the equipment, supplies, devices, assistive aids, or positioning aids used by the staff were not appropriate for resident #003 and based on the resident's condition.

Sources: review of resident #003's clinical record, interview with different staff at the home. [s. 30. (1) 2.]

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 that any equipment, supplies, devices, assistive aids, or positioning aids used by the staff, were appropriate for resident #003 and based on the resident's condition, to be implemented voluntarily.

Issued on this 21st day of September, 2021

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

Original report signed by the inspector.