



**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**

**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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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 6, 2018	2018_674610_0010	007484-18	Critical Incident System

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**Licensee/Titulaire de permis**

ATK Care Inc.  
1386 Indian Grove MISSISSAUGA ON L5H 2S6

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

Exeter Villa  
155 John Street East EXETER ON N0M 1S1

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

NATALIE MORONEY (610)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): July 3 and 4, 2018.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses, and Personal Support Workers.**

**The inspector reviewed relevant policy and procedures, and records. Completed observations of resident care, and conducted interviews.**

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

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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
<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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was in compliance with and was implemented in accordance with all applicable requirements under the Act, and was complied with.

The Ontario Regulation 79/10, s. 49 (2), states that 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.

The homes previous "Falls and Falls Prevention" Policy, stated the falls risk assessment was completed at admission, quarterly, if there was a change in the residents condition that would put the resident at risk such as having two falls in 72 hours, and when a resident returns from hospital. Section "E" of the same policy showed that the home was to only complete a falls note in Point Click Care (PCC) after a fall. The homes policy did not show that the policy was compliant with the act and that a post-fall assessment should have been conducted using a clinically appropriate assessment instrument that was specifically designed for falls after a resident has fallen.

The homes current policy Falls Prevention and Management policy stated in part that a falls assessment tool shall be completed on admission, and that the residents would have ongoing falls assessment completed on each quarter or as need after a fall or physical change in condition.

A) The home submitted a Critical Incident System (CIS) report to the MOHLTC related to a specific resident who had an injury that resulted in a change of health status.

A review of a specific resident's documentation in PCC showed that the home did not complete an assessment using a clinically appropriate assessment tool for a fall and had not completed a risk assessment.

B) A specific resident had a fall. A review of the resident's documentation showed that an assessment was not completed using a clinically appropriate assessment tool related to falls.

C) A specific resident had a fall and a review of documentation showed that the home



had failed to complete an assessment using a clinically appropriate assessment tool for falls.

During interview(s) with Director of Care (DOC) and Registered Nurse (RN) they both said that it was the homes expectation that an fall assessment would be completed using a clinically appropriate assessment tool designed for falls, and to ensure the risk assessment was completed after a falls incident.

The licensee has failed to ensure that the falls prevention and management policy was in compliance and that the policy was implemented in accordance with the Act, and complied with for three specific residents that had fallen, and that an assessment would have been conducted using a clinically appropriate assessment instrument that was specifically designed for falls for those residents. [s. 8. (1) (a),s. 8. (1) (b)]

***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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with and is implemented in accordance with all applicable requirements under the Act, and is complied with, to be implemented voluntarily.***

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Issued on this 6th day of July, 2018

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

**Original report signed by the inspector.**