Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: June 3, 2024	
Inspection Number: 2024-1171-0003	
Inspection Type: Critical Incident	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Laurier Manor, Gloucester	
Lead Inspector Marko Punzalan (742406)	Inspector Digital Signature
Additional Inspector(s) Shevon Thompson (000731)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 22, 24, 27, 28, 29, 2024

The following intake(s) were inspected:

- Intake: #00104770 - CI: 2665-000059-23 - Related to disease outbreaks.
- Intake: #00109357 - CI: 2665-000010-24 - Related to a fall with significant change in conditions.
- Intake: #00113072 - CI: 2665-000025-24 - Related to disease outbreaks.
- Intake: #00115953 - CI: 2665-0 00032-24. Related to resident to resident alleged physical abuse.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policies

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246 / 22, s. 54 (2); O. Reg. 66 / 23, s. 11.

The licensee has failed to ensure that the falls prevention and management program was complied with. In accordance with O. Reg 246 / 22 s. 11 (1) (b), 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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system is complied with. Specifically, the licensee has failed to ensure that 1) a post fall assessment was completed and 2) failed to ensure that the resident was not manually lifted from where they had fallen after the resident fall on the specified date.

#1
A review of a post fall assessment with a specific date showed the resulting risk category as Refer to previous Ax for score and risk Category and the resulting score as 0.0. The last fall post assessment had a specific completion date, a category of High risk for falls and a score of 95.0. The assessment had been completed nine months prior to the resident's fall on the specified date. The inspector was unable to determine the resident's risk level based on the assessment from the home's specified date.

A review of the Home's Falls Prevention and Management Program, dated March 2023, RC-15-01-01, Procedures item 5, page 3, states Screen all residents on admission or with a change in condition that could potentially increase the resident's risk of falls / fall injury. Current resident fall risk assessment is to be reviewed and changes in risk level considered when a resident has a fall.

In an interview with a Registered Nurse (RN), they confirmed that after a resident had fallen it was expected that a new post fall assessment would be completed and a new fall risk score would be generated. After reviewing the resident's Post falls assessment, care plan and Kardex documents, the RN could not determine the fall risk level for the resident.

During an interview with the Assistant Director of Care (ADOC), they confirmed that the purpose of completing a post fall assessment was to determine if the resident was at high risk for falls however after the ADOC reviewed the resident's plan of care and they confirmed they were unable to identify the level of the resident's risk of falls based on the assessment, the care plan, the Kardex or in any area of the resident' plan of care.

Failure to ensure that a post fall assessment was completed that identified the resident's level of risk for falls placed the resident at risk of not having interventions developed to mitigate their falls risk.

#2
A review of the home's investigation file Critical Incident Report #2665-000010-24 confirmed that the resident was manually assisted by two Registered Practical Nurses (RPNs), using a side-by-side transfer, to transfer back to bed.

In a review of the Home's Falls Prevention and Management Program, dated March 2023, RC-15-01-01, Appendix 5, Post Fall Clinical Pathway, the inspector noted that the three options of the Clinical Decision by Registered staff was to; decide to move the resident using a mechanical lift, resident gets up independently or staff decide not to move the resident.

During an interview with ADOC, they confirmed that when a resident had fallen they were expected to be assisted up from the floor using a mechanical lift as the home had a zero manual lift policy.

Failure to ensure the resident was not manually lifted when they had fallen placed the resident at an increased risk of injury when they had fallen and was assisted up manually by two staff.

Source: resident's electronic health record, interviews with ADOC and RN, Home's Falls Prevention and Management Program Dated March 2023, RC-15-01-01 Appendix 5 Post Fall Clinical Pathway, dated March 2023, Home's Falls Prevention and Management Program, dated March 2023, RC-15-01-01, Appendix 5, Post Fall Clinical Pathway with last reviewed March 2023,

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