Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Inspection de soins de longue durée

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 12, 2020	2020_563670_0033	019420-20	Critical Incident System

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Southwood Lakes
1255 North Talbot Road WINDSOR ON N9G 3A4

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

DEBRA CHURCHER (670)

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): October 30, November 2 & 9, 2020 onsite. November 3 & 5, 2020 offsite.

The purpose of this inspection was to inspect Log# IL-82958-AH CIS# 2842-000028-20 related to a fall with injury.

This inspection was completed concurrently with inspection # 2020_563670_0032

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Clinical Coordinator, one Registered Nurse, one Registered Practical Nurse, one Personal Support Worker and residents.

During the course of this inspection the Inspector observed the overall cleanliness and maintenance of the facility, observed the provision of care, observed staff to resident interactions, reviewed relevant clinical records and reviewed relevant internal documentation and policies and procedures.

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 WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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 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 their Falls Prevention and Management Program was implemented and complied with when resident #001 had unwitnessed falls.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home. A falls prevention and management program to reduce the incidence of falls and the risk of injury."

A progress note showed that resident #001 had an unwitnessed fall on a specific date. Clinical Monitoring Record showed the monitoring was started at twelve hours and twenty minutes after the fall occurred.

A subsequent progress note showed the resident #001 had another unwitnessed fall. The Inspector was unable to locate a Clinical Monitoring Record related to the unwitnessed fall nor was the home able to provide a Clinical Monitoring Record.

The home’s Falls Prevention and Management Program, last updated December 2019, stated; If a resident hits head or is suspected of hitting head (e.g. unwitnessed fall) complete a Clinical Monitoring Record.

During an interview with the Clinical Coordinator, they confirmed that the home’s Clinical Monitoring Record is a Head Injury Routine. The Clinical Coordinator stated that they were not able to explain why the Clinical Monitoring Record for the initial fall was started approximately twelve hours after the unwitnessed fall and stated they were unable to explain why there was no Clinical Monitoring Record implemented for the subsequent unwittnessed fall.

The home’s failure to follow their policy related to completing Clinical Monitoring post unwitnessed fall placed the resident at risk for a head injury being undiagnosed or a delay in diagnosis.

Sources: Resident #001’s clinical records, the home’s Fall’s Prevention and Management Program and interview with the Clinical Coordinator. [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 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, is in compliance with and is implemented in accordance with applicable requirements under the Act; and is complied with, to be implemented voluntarily.

Issued on this 12th day of November, 2020

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

Original report signed by the inspector.