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

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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 9, 2017	2017_577611_0006	017808-16, 029867-16	Complaint

Licensee/Titulaire de permis

FOYER RICHELIEU WELLAND
655 Tanguay Ave WELLAND ON L3B 6A1

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

FOYER RICHELIEU WELLAND
655 TANGUAY AVENUE WELLAND ON L3B 6A1

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

KELLY CHUCKRY (611)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 2, 3, and 7, 2017.

During the course of this inspection the inspector reviewed applicable clinical health records, policies, procedures, practices, and retraining records. One follow up inspection was conducted concurrently with this complaint inspection and is documented in report #2017_577611_0005. In addition, one inquiry inspection was conducted, Log #022882-16, with respect to personal support services.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, registered staff and Personal Support Workers (PSWs).

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

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	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 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 failed to ensure that where the Act or this Regulation required 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) was in compliance with and was implemented in accordance with applicable requirements under the Act.

A. On an identified date in February 2015, resident #002 fell in their room. As a result of the fall, this resident had altered skin integrity. A diagnostic test was completed for resident #002 and confirmed an injury as a result of the fall. Resident #002 was transferred to hospital for treatment. A review of the clinical health record for resident #002 did not show evidence that a post fall assessment was completed.

B. On an identified date in February 2017, resident #003 had an unwitnessed fall that did not result in injury. A review of the clinical health records for resident #003 did not show evidence that a post fall assessment was completed.

C. On an identified date in February 2017, resident #004 had an unwitnessed fall that did not result in injury. A review of the clinical health records for this resident did not show evidence that a post fall assessment was completed.

The home had two policies in place under the Falls Prevention and Restraint Reduction section of the Resident Services Manual. The first policy entitled "Assessment Following a Resident Fall", (#09-02-01) outlined the definition of the policy, as well as the procedure for care staff to follow after a resident sustains a fall. This policy did not direct the nursing staff to complete a post fall assessment using a clinically appropriate assessment instrument that was specifically designed for falls.

The second policy entitled "Summary, Policies, and Objectives", (09-02-04) outlined the procedure for the interdisciplinary approach for fall risk assessment and strategies for prevention of falls under two categories. One being fall prevention, and the second being fall and post fall assessment and management. This policy did not direct the nursing staff to complete a post fall assessment using a clinically appropriate assessment instrument that was specifically designed for falls.

In accordance with 49 (2), every licensee is required to 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 licensee if also required to ensure that there is an interdisciplinary falls prevention and management program developed and implemented in the home to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).

An interview with staff #100, and a subsequent discussion with the DOC acknowledged that a clinically appropriate assessment instrument that is specifically designed for falls, was not currently being utilized in the home, and that post-fall assessment were not completed for resident #002, #003, and #004. [s. 8. (1) (a)]

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 the Regulations require 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, to be implemented voluntarily.

Issued on this 9th day of March, 2017

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

Original report signed by the inspector.