

**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**

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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
May 6, 2021	2021_745690_0011	024699-20, 025812-20	Critical Incident System

Licensee/Titulaire de permis

Grove Park Home for Senior Citizens
234 Cook Street Barrie ON L4M 4H5

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

Grove Park Home For Senior Citizens
234 Cook Street Barrie ON L4M 4H5

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

TRACY MUCHMAKER (690)

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): April 20-23, 2021, and April 26, 2021.

The following intakes were inspected upon during this Critical Incident Inspection:
-One log, which was related to a critical incident report that the home submitted to the Director for a fall that resulted in a transfer to hospital and a significant change in health status; and,
-One log, which was related to a critical incident report that the home submitted to the Director for improper/incompetent treatment of a resident that resulted in harm or risk to a resident.

Follow Up Inspection #2021_745690_0012 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Restorative Nursing Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeepers, and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, observed infection control practices, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Personal Support Services**

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

**3 WN(s)
3 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care for two residents was reviewed and revised when the care needs changed.

A critical incident (CI) report was submitted to the Director related to a fall that a resident had, and subsequent injury. The CI report indicated that an identified intervention was implemented. During multiple observations of the resident, and another resident, the Inspector noted that an identified intervention was implemented; however, when the Inspector reviewed the plans of care for the two residents, they could not locate the identified intervention. During interviews with Personal Support Worker (PSW) staff and Registered staff, they verified that the identified intervention was being utilized for both residents for falls prevention, but that it was not noted anywhere on the plan of care and that it should have been.

Sources: Observations of two residents, review of plans of care, the home's Falls Prevention Program policy, last revised January 2020, interviews with staff, and the Director of Care (DOC). [s. 6. (10) (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 the plan of care is reviewed and revised when the care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 49 (1).

s. 49. (2) 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. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to provide for strategies to reduce or mitigate falls for a resident, including monitoring of the resident, and the use of equipment, supplies, devices and assistive aids.

A resident had a fall and sustained an injury. A review of the progress notes on Point Click Care (PCC) identified that the resident had sustained additional falls. A review of the care plan identified that there had been no additional strategies implemented for the resident related to falls. Staff identified that an intervention that was put in place when the injury occurred was not effective.

The Inspector reviewed the home's meeting minutes for the falls prevention team for two meetings that occurred after the resident's fall and injury. The meeting minutes did not include any information about the resident, and the last recorded minutes that included information about the resident was nine months ago.

A review of the home's policy titled "Falls Prevention Program-NUR-05-11", indicated that the RPN would monitor and evaluate the care plan and if the interventions had not been effective in reducing falls, initiate alternative approaches. The policy further indicated that the RPN would notify the falls team for residents that fall frequently as

indicated by more than two falls in 72 hours, three falls in three months, more than five falls in six months.

An interview with Registered staff members, verified that based on the number of falls, and the injury from the fall, the resident's falls should have been addressed by the falls prevention team. Registered staff and the DOC further verified that there were no new strategies implemented after the last few falls or any indication that the falls team had addressed the falls and that there should have been.

Sources: A residents progress notes, and plan of care, the home's policy titled "Falls Prevention Program-NUR-05-11", last revised January 2020, the home's falls prevention meeting minutes, interviews with staff and the DOC. [s. 49. (1)]

2. The licensee has failed to ensure that when two residents had fallen, the residents were assessed and monitored for a specified type of injury.

a) In response to a resident's fall, staff initiated a specified type of monitoring to be completed at specified intervals for a specified period of time. A review of the monitoring form identified that on one occasion, staff documented that the monitoring was not completed. The resident had another fall and staff initiated the specified type of monitoring. A review of the monitoring form, identified that on four occasions, staff did not complete the specified monitoring.

b) Another resident sustained a fall, and staff initiated a specified type of monitoring. A review of the monitoring form identified that on one occasion, staff did not complete the monitoring.

Interviews with a Registered staff member, and the DOC verified that the specified monitoring was not completed fully for the two residents, and that it should have been.

Sources: The home's Falls Prevention Policy, last revised January 2020, the home's Head Injury Routine Policy, last revised November 2017, two resident care plans, two resident's specified monitoring forms, interviews with staff, and the DOC. [s. 49. (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 strategies are provided to reduce or mitigate falls, including monitoring of residents, and the use of equipment, supplies, devices, and assistive aids, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

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1. The licensee has failed to ensure that staff participated in the implementation of the residents infection prevention and control program (IPAC) by monitoring for symptoms of COVID-19, including twice daily temperature checks.

As per COVID-19 Directive #3 that was issued by the Chief Medical Officer of Health, long term care homes must conduct active screening and assessment of all residents, including temperature checks at least twice daily (at the beginning and end of the day), to identify if any resident has fever, cough or other symptoms of COVID-19.

Furthermore, the home's COVID-19 policy titled "Active Screening", indicated that all residents will be observed daily for signs of COVID-19 both physically and by vocal inquiries. Temperatures were to be taken and recorded twice daily.

During a record review of the home's temperature logs, and documentation on PCC, it was noted that four residents had not had two temperature checks per day and that there was no documentation of daily symptom monitoring for the residents. During interviews with Registered staff members and the DOC, they indicated that all residents were monitored daily for symptoms of infection and were to have their temperatures taken and recorded twice a day. They further verified that the four residents did not have two temperatures taken and recorded at least twice daily and that they should have.

Sources: Covid-19 Directive #3 for Long Term Care Homes, dated December 7, 2020, and April 1, 2021, the home's policy titled "Active Screening", last revised March 2021, internal documents, electronic health records, and interviews with staff and the DOC. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 7th day of May, 2021

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

Original report signed by the inspector.