



**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 rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 30, 2017	2017_552531_0018	002110-17, 002243-17, 004586-17, 004699-17, 008336-17, 008787-17, 009523-17, 009665-17, 010490-17	Critical Incident System

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF HASTINGS
1M Manor Lane Box #758 BANCROFT ON K0L 1C0

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

HASTINGS MANOR HOME FOR THE AGED
476 DUNDAS STREET WEST P.O. BOX 458 BELLEVILLE ON K8N 5B2

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

SUSAN DONNAN (531)

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): June 19, 22, 23, 26, 27, 28 and 29, 2017

The following logs were completed concurrently during this inspection:

Log #002110-17 related to alleged resident to resident abuse

Log #002243-17 related to fall prevention

Log #004586-17 related to fall prevention

Log #004699-17 related to alleged staff to resident neglect

Log #008336-17 related to alleged staff to resident neglect

Log #008787-17 related to staff to resident neglect

Log #009523-17 related to fall prevention

Log #009665-17 related to alleged staff to resident neglect

Log #010490-17 related to alleged resident to resident abuse

During the course of the inspection, the inspector(s) spoke with residents, residents Substitute Decision Makers(SDM), Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Assistant Director of Nursing, (ADON), the Director of Care (DOC) and the Administrator.

During the course of this inspection the inspector reviewed resident health records, observed resident care and services, reviewed the falls prevention program and applicable policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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

<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>Legendé</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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee failed to ensure that the care set out in plan of care was provided to resident #004 as specified in the plan with respect to fall prevention.

In reference to log #008787-17

Resident #004 had been assessed as being at risk for falls. On a specified date, the resident was found on the floor and sustained an injury as a result of the fall.

The resident's care plan in effect at the time of this fall specified various fall prevention measures.

Following the fall, the registered staff noted that not all the resident's fall prevention measures were in place at the time of the fall.

On June 23, 2017 PSW #119 and #121 were interviewed, both indicated that they did not recall if they checked to ensure the fall prevention measures were in place when they settled the resident to bed.

The DOC was interviewed and indicated it is an expectation that all staff ensure all fall prevention measures are in place and working as outlined in the resident plan of care. She indicated all PSW's involved were provided education following the incident. [s. 6. (7)]

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 care set out in the resident plan of care is provided as specified in the plan, to be implemented voluntarily.



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Issued on this 6th day of July, 2017

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

Original report signed by the inspector.