



**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 sions 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 22, 2016	2016_236622_0017	016821-16	Critical Incident System

Licensee/Titulaire de permis

GIBSON HOLDINGS (ONTARIO) LTD
343 Amherst Drive Amherstview ON K7N 1X3

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

HELEN HENDERSON NURSING HOME
343 Amherst Drive Amherstview ON K7N 1X3

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

HEATH HEFFERNAN (622)

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 13, 14, 15, 21, 2016

**The following critical incident inspections were completed during inspection
#2016_236622_0017 / 016821-16;
016821-16 - Resident fall
008299-16 - staff to resident alleged abuse**

During the course of the inspection, the inspector(s) spoke with the Assistant Administrator, the Director of Care, Registered Nurses, Personal Support Workers and residents.

The inspector also reviewed resident health care records, policies, procedures and other documents provided by the Assistant Administrator, Director of Care and Registered staff.

**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)
0 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 O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

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 ensure that a post-fall assessment has been conducted when a resident has fallen using a clinically appropriate assessment instrument that is specifically designed for falls.

The following finding is related to log 016821-16:

On a specified date, resident #002 fell.

On June 21, 2016 inspector #622 reviewed resident #002's personal health records which revealed the "Post Fall Incident, Assessment and Intervention Report" had not been completed for this particular fall on the specified date.

On June 21, 2016 inspector #622 reviewed the homes policy and procedure titled; Falls Prevention and Management, revised: April 2014 which indicated; a falls risk Assessment will be completed at the time of any and all falls. A blank copy of the form to be used titled; Post Fall Incident, Assessment and intervention Report" was included in the policy package.

On June 21, 2016 inspector #622 interviewed the Director of Care (DOC) #103 who confirmed the homes expectation is; the "Post Fall Incident, Assessment and Intervention Report" would be completed immediately after a resident falls. The DOC was unable to produce evidence the "Post Fall Incident, Assessment and Intervention Report" had been completed for this fall. [s. 49. (2)]



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Issued on this 22nd day of June, 2016

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

Original report signed by the inspector.