

# Inspection Report Under the Fixing Long-Term Care Act, 2021

### Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspections Branch

### **Ottawa Service Area Office**

347 Preston Street, Suite 420 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559 ottawasao.moh@ontario.ca

# **Original Public Report**

Report Issue Date: October 28, 2022

Inspection Number: 2022-1224-0001

Inspection Type:

Complaint

Critical Incident System

Licensee: Gibson Holdings (Ontario) Ltd.

Long Term Care Home and City: Helen Henderson Nursing Home, Amherstview

Lead Inspector Amber Lam (541) Inspector Digital Signature

Additional Inspector(s)

# **INSPECTION SUMMARY**

The Inspection occurred on the following date(s):

October 17, 2022 October 18, 2022

October 19, 2022

The following intake(s) were inspected:

- Intake: #00002093- a complaint related to resident care.
- Intake: #00006661-CI #2728-000001-22 Fall of resident resulting in an injury.

# **Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
N/A	N/A	N/A	#N/A	N/A



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The following previously issued Compliance Order(s) were found **NOT** to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
N/A	N/A	N/A	#N/A	N/A

The following previously issued Compliance Order(s) were closed.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
N/A	N/A	N/A	#N/A	N/A

The following Inspection Protocols were used during this inspection:

Falls Prevention and Management Prevention of Abuse and Neglect Continence Care Resident Care and Support Services Infection Prevention and Control

# **INSPECTION RESULTS**

# WRITTEN NOTIFICATION: Plan of Care

### NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that a resident had fall prevention interventions in place as identified in the resident's plan of care.

#### **Rationale and Summary**

A resident fell and sustained an injury. At the time of inspection, the resident's plan of care indicated



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they were to have fall mats on the floor by their bed.

During the inspection, the inspector observed the resident lying in bed. There were no fall mats on the floor beside the resident's bed. A Registered Nurse (RN) confirmed the resident was to have fall mats in place while in bed.

Sources: Interview with an RN, the resident's plan of care and observations of a resident's room.

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# WRITTEN NOTIFICATION: Binding on Licensees

#### NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee failed to comply with the COVID-19 guidance document for long-term care home in Ontario.

#### **Rationale and Summary**

The guidance document, last updated October 14, 2022 states that homes must ensure all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks.

During an interview, a Registered Practical Nurse (RPN) and the Infection Prevention and Control (IPAC) Lead stated resident temperature checks are to be done monthly. Inspector reviewed two residents' vital signs documentation and noted their temperatures were not taken daily.

Sources: Temperature documentation for two residents, interview with an RPN and the IPAC lead.

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