Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy	**Rapport d'inspection prevue de le Loi de 2007 les foyers de soins de longue durée** ☐ Copie du Titulaire ☒ Copie de la Publique	
Date(s) of inspection/Date de l'inspection July 21, 22, 2010	**Inspection No/ d'inspection** 2010-173-2570-20Jul131511	**Type of Inspection/Genre d'insptection** Critical Incident Log # H00023
Licensee/Titulaire 2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Centre Blvd, Suite #200, Toronto, Ontario L3R 0E8		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre - Brantford 389 West St, Brantford, Ontario N3R 3V9		
Name of Inspector(s)/Nom de l'inspecteur(s) Lesa Wulff (173) and Sharlee McNally (141)		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to falls management.

The inspection was conducted by 2 inspectors identified above.

The inspection occurred on July 21 and July 22, 2010 with both inspectors being present on both days. .

During the course of the inspection, the inspector(s) spoke with:
Members of the Management team including the Administrator, Director of Resident Care, Registered staff, Personal support workers, Residents on all Resident Home Areas, Leisureworld Corporate Consultants, RAI-MDS Coordinator and RAI-MDS Back up Coordinator.

The following Inspection Protocols were used during this inspection:
Falls Prevention Inspection Protocol
Pain Inspection Protocol

2 Findings of Non-Compliance were found during this inspection. The following action was taken:
2 WN

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Acitvity Order/Ordres: travaux et activitiés

WN#1: The Licensee has failed to comply with: LTCHA 2007, S.O. 2007, c.8, s.6(1)(c)
Every licensee of the long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. A critical incident report was received in the Hamilton Service Area office on July 2, 2010. The report indicated that an identified resident had sustained a fall and subsequent undisplaced fracture. The report indicated that the resident has a long history of falls, and non-compliant behaviors.
2. During the on-site inspection, documentation reviewed in the residents clinical record indicated that the resident has a condition that affects decision making, poor comprehension of risks, poor judgment in relation to safety, climbs out off bed at night, wanders at night, is ambulatory but unsteady with mobility, seizure disorder requiring daily medication, and confirmed a longstanding history of falls. These items are identified on the plan of care in several problem statements but do not have any interventions that provide clear direction to staff on how to address or mitigate these identified risks. Interventions reviewed were noted to be generic statements from software providers library and do not include strategies related to falls prevention to meet specific needs of this resident.
3. Last update to the plan of care was June, 2010. The resident sustained three (3) falls during the month of June after update occurred. This information was not current on the plan of care.
4. The plan of care contained conflicting information in relation to the ambulation, mobility, and the transfer needs of the resident. The problem list for transfers states that the resident requires supervision for transfer; however in the interventions section of the transfer plan, it indicates that the resident is independent with transfers.
5. Progress notes indicate that this resident climbs out of bed, wanders and is frequently restless at night. Plan of care for sleep indicates that the resident sleeps well at night and has not identified these behaviors or incorporated any interventions to address this risk.
6. Documentation in progress notes shows that staff have used an analgesic at night to settle the resident's restlessness with success. This has not been communicated and captured as an intervention in the resident's plan of care.

Inspector ID#: 173

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN#2: The Licensee has failed to comply with: : LTCHA 2007, S.O., 2007 c.8, s6(10) (b)
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,
(b) the residents care needs change or care setout in the plan of care is no longer necessary.

Findings:

1. Pain for an identified resident was not reassessed and changes made to the plan of care post fall and injury. Documentation in clinical record shows that the resident complained of pain and received pain medication 9 times post fall. Resident Assessment Protocol (RAP) completed in June, 2010 noted information as follows: that resident has a pain level of 1. The resident does not receive routine pain medications. The resident receives as needed (PRN) analgesics as per medical directives for generalized aches and pains. Resident is responding to interventions outlined in the care plan. No changes from last quarterly review. No other pain assessment was found during the review of the clinical record.
2. No re-assessment of the resident or revisions to the plan of care noted in relation to multiple falls sustained in June 2010. Documentation in the clinical record shows that on several occasions, the resident's restlessness behaviors and wandering at night was decreased with the use of Tylenol. This has not been communicated as an intervention in the plan of care.
3. Documentation on the critical incident report and in the resident's clinical record indicates that the resident is non-compliant with previous falls prevention strategies. No further reassessment, strategies or referrals have been implemented despite the resident continued falls with injury.

Inspector ID#: 173

Signature of Licensee of Designated Representative **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**
Title: **Date:**	**Date of Report (if different from date(s) of inspection).** Jan 17/11