Ontario

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

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Original Public Report

Report Issue Date: December 28, 2022	
Inspection Number: 2022-1376-0001	
Inspection Type: Follow up Critical Incident System	
Licensee: 1365853 Ontario Limited	
Long Term Care Home and City: Maple Park Lodge, Fort Erie	
Lead Inspector Dusty Stevenson (740739)	**Inspector Digital Signature** Dusty L Stevenson Digitally signed by Dusty L Stevenson Date: 2022.12.28 09:33:41 -05'00'
Additional Inspector(s) Cathy Fediash (214)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 29 - December 2, December 5 – 8, 2022

The following intake(s) were inspected:

- Intake: #00001821 (Follow-up) Safe transferring and positioning
- Intake: #00008222 Fall of resident resulting in a significant change.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management

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 complied the order
O. Reg. 79/10	s. 36	#2021_704682_0022	001	Dusty Stevenson (740739)

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program

NC 001# Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 102 (15) 2.

The licensee failed to ensure that the infection prevention and control lead (IPAC lead) was on site at the home for the required 26.25 hours per week, in a home with a bed capacity of greater than 69 but less than 200.

The IPAC Lead was scheduled to be in the home three days each week for 7.5 hours each day for a total of 22.5 hours each week. A home with a bed capacity of 96 beds is required to have an IPAC lead in the home for a minimum of 26.25 hours each week. This does not meet the required hours for an IPAC Lead for a home of this size.

The IPAC Lead and Administrator both confirmed that the IPAC Lead is scheduled to be in the home for 22.5 hours each week and does not meet the 26.25 hour requirement.

Impact and Risk
At the time of inspection, there was little impact to residents as there were no other non-compliant areas related to IPAC.

Sources:
Interviews with staff

[740739]

WRITTEN NOTIFICATION: Plan of Care-based on assessment of resident

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)

The licensee failed to ensure that a resident's plan of care in relation to the use an assistive device, had been based on an assessment of their needs and preferences.

On a day in September, 2022, staff assisted a resident by portering them in their wheelchair, when an incident happened. An assistive device had not been in place at the time. The incident caused injury for which the resident was taken to hospital and resulted in a significant change to their health condition.

A review of the resident's care plan in place at the time of the incident, indicated that the assistive device was available for outings and programs as needed and that the resident currently self-propelled in their wheelchair.

The Administrator, Director of Care (DOC), and Physiotherapist (PT) confirmed that assessment for use of the assistive device for the resident's needs was to be conducted by the PT. They confirmed the current PT assessment in place had not contained an area for the PT to assess and document the resident's need for the assistive device, including when.

It was confirmed that the resident's plan of care in relation to their use of assistive devices, had not been based on their assessed needs and preferences.

When the plan of care for the use of and assistive device is not based on an assessment, the plan has the potential to not include the resident's needs and preferences, and has the potential to place them at risk for harm or actual harm.

Sources: CIS report #2891-000018-22, resident progress notes, assessments, Physiotherapy Assessment in PCC, interviews with the Administrator, DOC and PT.

Inspector [214]

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 54 (2)

The licensee failed to ensure that a post fall assessment was conducted using a clinically appropriate assessment instrument specifically designed for falls, when a resident sustained a fall with injury.

On a day in September, 2022, a staff had assisted a resident by portering them in their wheelchair, when an incident happened. The incident caused injury for which the resident was taken to hospital and resulted in a significant change to their health condition.

A review of the licensee's Falls Prevention policy, in place at the time of the incident, indicated that a post fall assessment would be conducted in Point Click Care (PCC), for all residents who had a fall.

The resident's clinical record had not contained a post fall assessment for this incident.

During interviews with the Administrator and DOC, it was confirmed at the time of the incident, the home had acquired external policy and procedures, including for the falls prevention program, that had not yet been fully implemented. The direction provided to staff in the interim, had been to complete the Risk Management incident in PCC. While this incident report allowed the assessor to document factors that may have contributed to the fall, it had not contained an area to identify interventions that had been in place and their effectiveness and had not included an area for the assessor to identify any new interventions to implement. The Risk Management incident report contained a statement that indicated the document was privileged and confidential and was not part of the medical record.

The Administrator and DOC confirmed a clinically appropriate assessment instrument that was specifically designed for falls, had not been implemented for the resident when they had fallen, and should have been. At the time of this inspection, it was communicated that the home has now implemented a post fall assessment in PCC.

When a clinically appropriate assessment instrument, specifically designed for falls, is not implemented, key information including contributing factors, effectiveness of interventions in place and interventions to consider for implementation for future fall management are missed and have the potential to result in further falls with harm.

Sources: CIS report #2891-000018-22, resident progress notes, assessments, Licensee's policy, "Falls

Prevention" (policy CN-F-05-01, last revised April 5, 2019), Risk Management reports in PCC, interviews with the Administrator, DOC, and other staff.

Inspector [214]