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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: July 17, 2023	
Inspection Number: 2023-1608-0004	
Inspection Type: Complaint Critical Incident System	
Licensee: The Corporation of the County of Lambton	
Long Term Care Home and City: Marshall Gowland Manor, Sarnia	
Lead Inspector Tatiana Pyper (733564)	**Inspector Digital Signature** Tatiana Pyper Digitally signed by Tatiana Pyper Date: 2023.07.18 09:47:49 -04'00'
Additional Inspector(s) Christina Legouffe (730)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 10, 11, 12, 13, and 14, 2023
The inspection occurred offsite on the following date(s): July 11, 2023

The following intake(s) were inspected:

- Intake: #00089558 a complaint related to multiple areas of care concerns.
- Intake: #00089814 CIS #M613-000032-23 related to Falls Prevention and Management.
- Intake: #00090125 a complaint related to multiple areas of care concerns.
- Intake: #00090299 CIS #M613-000034-23 related to Falls Prevention and Management.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: FALLS PREVENTIONS AND MANAGEMENT

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1)

The licensee has failed to comply with the Falls Prevention and Management Program in the home for the Head Injury Routine (HIR) for a resident.

In accordance with O. Reg 246/22 s.11. (1) b, the licensee was required to ensure the Marshall Gowland Manor Head Injury Protocol Policy #35811 was complied with as a part of the Falls Prevention and Management Program.

Specifically, staff did not comply with the licensee's Head Injury Management Policy #35811 that was part of the licensee's Falls Prevention and Management Program -which stated that a head injury routine will be initiated when a resident received an injury to the head, acquired a suspected injury to the head, or had an unwitnessed fall.

Rationale and Summary

A complaint was submitted to the Director related to falls prevention and management for a resident.

During the review of the clinical records for the resident, it was noted that the resident had sustained falls on several days and HIR was initiated as per the Head Injury Management Policy of the home.

During the review of the clinical records, it was noted that the HIR documentation was not completed at several times during the intervals of times required. Review of the clinical records for the resident indicated that an assessment for the resident was not completed, and the documentation indicated 'missed'.

Review of the Marshall Gowland Manor's Head Injury Management Policy #35811 indicated that when a resident was suspected of having sustained a head injury, nursing assessment and intervention was to be initiated. The Marshall Gowland Manor's Head Injury Management Policy #35811 indicated that

neurological assessments were to be completed for 72 hours post head injury or after an unwitnessed fall.

In an interview, a Registered Nurse (RN) and the Director of Care (DOC) stated that the HIR was not completed in full at all the interval times required, as per the home's Head Injury Management Policy.

There was risk to the resident when they were not assessed for several of the required time periods.

Sources: Review of the Marshall Gowland Manor's Head Injury Protocol Policy #35811, Head Injury Routine for the resident, resident's clinical records, interview with Registered Nurse and Director of Care.

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WRITTEN NOTIFICATION: Required programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

The licensee has failed to comply with the home's pain management policy, included in the required pain management program in the home, for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and protocols were developed for the pain management program and ensure they were complied with. Specifically, staff did not comply with the licensee's "Pain Management Program" policy (#3-5-16-1-1), with a revision date of October 5, 2022.

Summary and Rationale

A Critical Incident System (CIS) report was submitted to the Director.

The home's "Pain Management Policy" stated that the interdisciplinary team were to recognize and report elders' verbalizations and behaviours indicative of discomfort or pain and that Personal Support Workers (PSWs) were to document pain on the Pain Task in Point of Care (POC).

During the home's investigation it was discovered that the resident had expressed pain during transfers. The PSWs who provided care to the resident did not document the resident's expressions of pain on POC and a Registered Practical Nurse (RPN), said that staff did not report the pain to them.

The Director of Care (DOC) said that PSW staff should have reported expressions of pain to the registered staff and documented it on POC, but they did not.

There was a risk that the resident's pain was not managed or investigated, as a result of PSW staff not reporting or documenting pain to registered staff.

Sources: Resident's clinical record, the home's "Pain Management Program" policy (Reviewed October 5, 2022), the home's investigation notes, and interviews with DOC and other staff.
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