

**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**

<b>Report Issue Date:</b> January 19, 2024	
<b>Inspection Number:</b> 2024-1608-0001	
<b>Inspection Type:</b> Critical Incident Follow up	
<b>Licensee:</b> The Corporation of the County of Lambton	
<b>Long Term Care Home and City:</b> Marshall Gowland Manor, Sarnia	
<b>Lead Inspector</b> Christie Birch (740898)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Tatiana McNeill (733564)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 9, 10, 11, 2024.

The following intakes were inspected:

- Intake: #00103560 - M613-000077-23 Fall of resident with injury.
- Intake: #00098994 - M613-000067-23: Alleged resident to resident abuse.
- Intake: #00099369 - Follow up related to FLTCA s. 3 (1)
- Intake: #00100112 - Follow-up related to O. Reg. 246/22 - s. 55 (2) (b) (iv)

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The following intakes were completed during this inspection:

- Intake: #00096980 - M613-000060-23: Fall of resident with injury.
- Intake: #00097889 - M613-000065-23 Fall of resident with injury.
- Intake: #00099612 - M613-000068-23: Fall of resident with injury.
- Intake: #00101948 - M613-000071-23 Fall of resident with injury.
- Intake: #00103582 - M613-000078-23 Fall of resident with injury.
- Intake: #00105108 - M613-000083-23 Fall of resident with injury.

### Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2023-1608-0003 related to FLTCA, 2021, s. 3 (1) inspected by Tatiana McNeill (733564)

Order #001 from Inspection #2023-1608-0005 related to O. Reg. 246/22, s. 55 (2) (b) (iv) inspected by Tatiana McNeill (733564)

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

Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Residents' Rights and Choices  
Falls Prevention and Management

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## INSPECTION RESULTS

### COMPLIANCE ORDER CO # 001 Required programs

NC # 001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Keep a list of all falls that occur in the home from the January 22, 2024 until this order is complied.
- 2) Complete audits for every fall that occurs in the home from the January 22, 2024 until this order is complied, to ensure that the home's Falls Prevention and Management Policy and Head Injury Policy are followed, specifically, the physician and POA/SDM are notified appropriately.
- 3) Document the contents of the audit, including but not limited to; the physician and POA/SDM were notified appropriately, where applicable, specific medications were identified to the physician, the resident's name, the date the audit occurred

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and the staff member responsible.

4) Provide education and retraining to the specific staff involved where concerns were identified on any of the audits noted in part 2).

5) Keep a record of the education content, the names of the staff who completed the education and the dates upon which the education was completed.

**Grounds**

The licensee has failed to comply with the home's falls prevention and management policy when a resident had a fall.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and protocols for the falls prevention and management program were complied with.

Specifically, staff did not comply with the licensee's Falls Prevention and Management Policy: 3-5-6-0, Head Injury Policy: 3-5-8-1-1, and the Pain Management Program Policy: 3-5-16-1-1.

**Rationale and Summary**

A Critical Incident (CI) was submitted to the Director related to a resident having an unwitnessed fall with injury.

In a review of the Falls Prevention and Management Policy: 3-5-6-0, the Head Injury Policy: 3-5-8-1-1 and the Pain Management Program Policy: 3-5-16-1-1, it was noted that certain steps of each policy must be completed with the type of fall this resident experienced.

In review of the resident's clinical file, it was noted that steps had been missed from

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each of the above policies by the staff.

In an interview with the staff member working at the time of the fall, they confirmed they had missed those steps.

In an interview with the Director of Care (DOC), they confirmed that they would have expected each of those steps to be completed as per policy and they had not been.

There was risk to this resident when the staff member failed to complete each step of the home's policies.

**Sources:** Head Injury Policy: 3-5-8-1-1, Effective Date: February 28, 2017, Reviewed Date: June 22, 2023 June 29, 2023 September 13, 2023; Falls Prevention and Management Policy: 3-5-6-0 Effective Date: May 12, 2017, Reviewed Date: October 26, 2023; Pain Management Program Policy: 3-5-16-1-1 Effective Date: December 14, 2016, Reviewed Date: November 1, 2023; Point Click Care; Interviews with staff and DOC.

[740898]

**This order must be complied with by March 8, 2024**

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).