Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d’inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l’inspection	Log # / Registre no	Type of Inspection / Genre d’inspection
Jun 10, 2016	2016_380593_0016	030894-15, 025719-15, 006323-16, 011343-16	Critical Incident System

Licensee/Titulaire de permis

MAXVILLE MANOR
80 Mechanic Street MAXVILLE ON K0C 1T0

Long-Term Care Home/Foyer de soins de longue durée

MAXVILLE MANOR
80 MECHANIC STREET WEST MAXVILLE ON K0C 1T0

Name of Inspector(s)/Nom de l’inspecteur ou des inspecteurs

GILLIAN CHAMBERLIN (593)

Inspection Summary/Résumé de l’inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 7 - 9, 2016

Four Critical Incidents were inspected during the inspection. Logs #025719-15, #030894-15, and #006323-16 related to falls, and log #011343-16-16 related to resident to resident physical abuse.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), RN Coordinator, Registered Nursing Staff, Personal Support Workers (PSW) and residents.

The inspector observed the provision of care and services to residents, observed staff to resident interactions, observed resident to resident interactions, observed residents’ environment, reviewed resident health care records and reviewed home policies.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

3 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident has fallen, the resident was assessed and where the condition or circumstances of the resident required, a post fall assessment was conducted using a clinically appropriate instrument that was specifically designed for falls.

A review of resident #003's progress notes found that the resident sustained a fracture as a result of an unwitnessed fall. Another fall was documented two months earlier, with no injury sustained.

A review of resident #003's current care plan and the care plan in place at the time of the fall found that the resident had risk factors contributing to falls risk with several interventions documented to manage this risk.

A review of resident #003's health care record, found no post falls assessment completed for either fall.

A review of resident #004's progress notes found that the resident sustained a fracture as a result of an unwitnessed fall. Since this fall, a further six falls have occurred including one where the resident sustained minor injuries to their shoulder and head.

A review of resident #004's current care plan and the care plan in place at the time of the falls found that the resident had risk factors contributing to falls risk with several interventions documented to manage this risk.

A review of resident #004's health care record, found no post falls assessment completed for the initial fall or the six falls thereafter.

A review of resident #005's progress notes found that the resident sustained a fracture as a result of a fall while the resident was ambulating. Resident #005 had a history of falls with a total of nine falls documented in 2015, including a fall where another fracture was sustained.

A review of resident #005's current care plan and the care plan in place at the time of the falls found that the resident had risk factors contributing to falls risk with several interventions documented to manage this risk.

A review of resident #005's health care record, found no post falls assessment completed for eight out of the nine falls in 2015, including one of the falls where the

resident sustained a fracture.

During an interview with Inspector #593, June 8, 2016, RPN #104 reported that they do not have a post falls assessment tool that was completed after a resident falls.

During an interview with Inspector #593, June 8, 2016, RPN #105 reported that they are unaware of any post falls assessment tools to be completed post fall.

During an interview with Inspector #593, June 8, 2016, the RN Coordinator #100 reported that there was no definite process to follow post falls. They have a post falls assessment tool which should be completed for residents who have had multiple falls, have had a change in condition or sustained an injury as a result of a fall however they have not been consistent with this part of the program.

During an interview with Inspector #593, June 9, 2016, the DOC reported that they have not been completing post falls assessments consistently however it is the expectation of the home that a post falls assessment was completed for residents who have fallen more than once or if they sustain an injury from a fall.

A review of the home's policy titled: "Fall Prevention and Management Program", dated 2010, found that the Nursing team will complete a fall risk assessment upon admission and re-assessments following a change in health status, following a fall, and quarterly. [s. 49. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that when a resident has fallen, when required, a post falls assessment is completed using a clinically appropriate instrument specifically designed for falls, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and   O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that Policy- "Fall Prevention and Management Program" was complied with. Under r. 48. (1) Every licensee of a long-term care home shall ensure that a falls prevention and management program is developed and implemented in the home.

A review of the home's policy titled: "Fall Prevention and Management Program", dated 2010, found that the Nursing team will complete a fall risk assessment upon admission and re-assessments quarterly.

A review of resident #003, #004 and #005's health care records found no documented falls assessments completed upon admission or quarterly thereafter. Residents #003, #004 and #005 were high falls risk as documented in their care plans.

During an interview with Inspector #593, June 8, 2016, RPN #104 reported that there may be a falls assessment tool that is completed upon admission however there was no falls assessment tool that was completed quarterly.

During an interview with Inspector #593, June 8, 2016, RPN #105 reported that they were unaware of any falls assessment tools that were completed upon admission or quarterly. The RPN added that they may discuss falls at a resident's quarterly assessment however this was not consistent and there was not a falls assessment tool that was completed during the quarterly re-assessments.

During an interview with Inspector #593, June 8, 2016, the RN Coordinator #100 reported that there was a falls assessment tool that was used in the home and presently, it was only completed for residents upon admission. They have not been consistent with it's completion after admission either post falls or with the quarterly re-assessments.

During an interview with Inspector #593, June 9, 2016, the DOC reported that they have noticed that falls risk was being commented on during the quarterly assessments however they probably need a more formal process during these quarterly assessments and they need to go through the falls assessment tool with staff to ensure that they are aware of this. [s. 8. (1) (a),s. 8. (1) (b)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident’s money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that suspicions of abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm to the resident was immediately reported to the Director.

A Critical Incident (CI) was submitted to the Ministry of Health and Long-Term Care (MOHLTC) related to an incident of resident to resident physical abuse. It was reported that a slapping sound was coming from resident #002’s room and upon investigation by staff, it was found that resident #001 was physically abusing resident #002. Resident #002 sustained injuries and was sent to hospital for assessment.

During an interview with Inspector #593, June 9, 2016, the DOC confirmed that the charge RN was immediately notified after the incident and then in turn notified the DOC.

The CI was submitted by the home however the incident actually occurred nearly 24 hours earlier than when the CI was submitted to the Director. [s. 24. (1)]

Issued on this 10th day of June, 2016

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.