

Ministry of Long-Term Care
Long-Term Care Operations Division
Long Term Care Inspections Branch

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: March 6, 2023	
Inspection Number: 2023-1032-0006	
Inspection Type: Follow up Critical Incident System	
Licensee: Mississauga Long Term Care Facility Inc.	
Long Term Care Home and City: Mississauga Long Term Care Facility, Mississauga	
Lead Inspector Nicole Ranger (189)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
February 14, 15, 16, 17, 2023.

The following intake(s) were inspected:

- Intake: #00013901 - Follow-up related to Infection Prevention and Control.
- Intake: #00016872 -(CIS #1078-000005-22) - related to fall prevention and management

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2022-1032-0004 related to O.Reg. 246/22, s. 102 (2) (b) inspected by Nicole Ranger (189)

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 34 (2)

The licensee has failed to comply with their Falls Prevention and Management policy related to post fall management.

In accordance with O. Reg 246/22 s. 11(b) the licensee was required to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Rationale and Summary

Specifically, staff did not comply with the home's Fall prevention and management policy that directed staff to initiate head injury routine for an un-witnessed fall, and assess the resident's level of consciousness and any potential associated injury post fall.

Resident #002 had a fall on an identified date and sustained an injury requiring hospitalization.

The Head Injury Routine (HIR) was initiated and completed by RPN #103 at the time of the fall. HIR required that staff complete two assessments at 1 hour intervals after the first assessment; three assessments at two hour intervals; and four assessments at four hour intervals. HIR was completed three times until the resident was sent to hospital. There were missing assessment entries, and were not completed as required.

The Director of Care (DOC) acknowledged that staff did not follow the home's fall prevention and management policy related to HIR assessment.

Failure to assess and complete the post falls assessment posed a risk in assessing change in the resident's status.

Sources: Review of resident #002's progress notes, HIR assessment, care plan, home's Falls Prevention and Management program, last reviewed December 20, 2022, CIS report #1078-000005-22, interviews with RPN #103, RN #105 and DOC #101.

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WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 53 (2) (b)

The licensee has failed to comply with their Falls Prevention and Management policy related to fall risk assessment.

In accordance with O. Reg 246/22 s. 11(b) the licensee was required to ensure that falls risk assessment was conducted within 24 hours of admission, following any sudden change of status and with quarterly documentation and must be complied with.

Rationale and Summary

Specifically, staff did not comply with the home's Fall prevention and management policy that directed staff to conduct a falls risk assessment within 24 hours of admission.

Resident #002 had a fall on an identified date and sustained an injury requiring hospitalization.

Resident #002 was admitted to the home on an identified date. Review of initial progress notes and assessment did not include a falls risk assessment for the resident.

The DOC indicated that the falls risk assessment is conducted on admission and acknowledged that staff did not follow the home's fall prevention and management policy.

Failure of the home to assess resident #002 for falls prevention interventions led to unsafe falls management.

Sources: Review of resident #002's progress notes, falls assessment, care plan, home's Falls Prevention and Management program, last reviewed December 20, 2022, CIS report #1078-000005-22, interviews with RPN #103, RN #105 and DOC #101.

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