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

Central West District
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Original Public Report

Report Issue Date: July 25, 2023	
Inspection Number: 2023-1029-0002	
Inspection Type: Critical Incident System	
Licensee: CVH (No. 2) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
Long Term Care Home and City: Parkview Manor Health Care Centre, Chesley	
Lead Inspector Janet Groux (606)	**Inspector Digital Signature** Janet Groux Digitally signed by Janet Groux Date: 2023.07.26 15:25:03 -04'00'
Additional Inspector(s) Gurvarinder Brar (000687)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 26-29, 2023.
The inspection occurred offsite on the following date(s): June 27 and 28, 2023.

The following Critical Incident (CI) intakes were inspected:

- Intake #00021474, CI #1053-000003-23 related to misuse/misappropriation of funding, and #00085820, CI # 1053-000005-23 related to a significant change in a resident's condition.

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

The licensee has failed to ensure that the staff and others involved in the different aspects of a resident's care collaborated with each other in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

Rationale and Summary:
1. A resident fell and complained of pain.

The resident continued to have pain. Adjustments were made to the resident's medication due to the resident's increased pain. Despite changes to the resident's pain medication, the resident's pain continued daily for the next four days after they fell.

There was no evidence that staff informed the on call physician that the resident's current pain medication was not effective in managing the resident's new pain.

Three registered staff said when a resident's pain was not relieved with the current pain interventions, the physician should be notified for further follow up.

Failure to notify and collaborate with a physician and/or any other discipline about a resident's pain may have delayed interventions to manage their pain and caused the resident to continue to have pain.

Sources: the home's falls prevention and management policy and procedure, a resident's clinical records, and interviews with staff.[606]

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

The licensee has failed to ensure that the staff and others involved in the different aspects of a resident's care collaborated with each other, in the development and

implementation of the plan of care so that the different aspects of care were integrated and are consistent with and complement each other.

Rationale and Summary:
2. The home's Falls Prevention and Management Program said a referral to a physiotherapist (PT) for further assessment and interventions would be initiated when a resident has a fall.

A registered staff said they did not initiate a referral to the PT; and therefore, a PT assessment for a resident was not completed.

Sources: the home's falls prevention and management policy and procedure, a resident's clinical records and interview with staff.[606]

WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

The licensee has failed to comply with the home's falls prevention and management program for resident #001.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee is required to ensure the falls prevention and management program to reduce the incidence of falls and the risk of injury, must be complied with.

Specifically, staff did not comply with their home's Falls Prevention and Management Program, which directed registered staff to complete a post fall assessment prior to transferring the resident or assisting them to ambulate post fall.

Rationale and Summary:
A resident had an unwitnessed fall and was discovered by a staff. The resident was assisted off the floor by staff prior to being assessed by a registered staff.

The Director of Care (DOC) acknowledge that a registered staff should have assessed the resident prior to being assisted off the floor.

Sources: the home's falls prevention and management policy and procedure, a resident's clinical records and interviews with staff.[606]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

The licensee has failed to ensure a skin and wound assessment was completed for a resident.

Rationale and Summary:
A resident fell and was identified with an altered skin integrity.

The resident's initial skin assessment for the altered skin integrity was incomplete and was missing information to complete the assessment.

Two registered staff said all parts of the skin and wound assessment must be completed.

Sources: a resident's clinical records, and interviews with staff.[606]