Ontario

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

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
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| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| February 22 & 23 2011 | 2011-117-9567-22Feb115448 | Critial Incident<br>Log # O-002558 |

**Licensee/Titulaire**

United Counties of Prescott and Russell
59 Court Street
Box 304
L'Orignal, ON
K0B 1K0
FAX : 1-613-675-4547

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

Résidence Prescott et Russell
1020 Cartier Boulevard
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**Name of Inspector(s)/Nom de l'inspecteur(s)**

Lyne Duchesne #117

**Inspection Summary/Sommaire d'inspection**

Ontario

**Ministry of Health and Long-Term Care**

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The purpose of this inspection was to conduct a critical incident inspection related to the care and services provided to an identified resident.

During the course of the inspection, the inspector spoke with the home's Director of Care; to a Registered Practical Nurse, to two Personal Support Workers and to a Housekeeper.

During the course of the inspection, the inspector reviewed an identified resident's health care record, reviewed a resident care unit's communication binder, reviewed the home's Fall Prevention Policy and Procedures (104A-115) and examined the bed frames of beds located in eleven resident rooms.

The following Inspection Protocol was used during this inspection:

- Fall Prevention

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN
1 VPC

## NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire
**DR** – Director Referral/Régisseur envoyé
**CO** – Compliance Order/Ordres de conformité
**WAO** – Work and Activity Order/Ordres: travaux et activités

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| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.<br><br>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.) | Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.<br><br>Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi. |

**WN #1:** The Licensee has failed to comply with the O.Reg 79/10, 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,

(b) and is complied with.

**Findings:**

1. The Ontario Regulations 79/10 made under the Long-Term Care Homes Act, 2007, requires that the licensee have a falls prevention and management program to reduce the incidence of falls and the risk of injury(O.Reg. s.48 (1) (1)).

2. An identified resident, who was independently mobile with the assistance of a four wheeled walker, was identified as being at high risk for falls.

3. On November 2 2010, the identified resident fell. The resident was found lying on his/her back, on the floor beside his/her bed. The resident's walker had fallen on top of him/her. The bed was displaced to the side; the bed frame wheel brakes were not applied.

4. Nursing staff report that the resident's bed was lowered to the lowest position on November 2, 2010. It is noted that when the bed is at its lowest position, the legs of the bed no longer touch the floor and the bed is then only supported by the wheels located under the bed frame. Wheel brakes need to be applied to prevent the bed from moving.

5. The bed frame wheel brakes were not applied at the time of the identified resident's fall on November 2, 2010, resulting in an injury and hospitalization.

6. The home's policy #104A-115 regarding falls prevention, which includes high fall risk intervention protocols, identifies that resident beds are to be lowered to their lowest position and to lock the wheels.

**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 where the licensee is required to ensure that the policy and protocol regarding fall prevention is complied with, to be implemented voluntarily.

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| **Inspector ID #:** | # 117 |

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| **Signature of Licensee or Representative of Licensee**<br>**Signature du Titulaire du représentant désigné** | **Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** |
| **Title:** **Date:** | **Date of Report:** (if different from date(s) of inspection).<br>March 1, 2011 |