Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue 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 Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 11, 2019	2019_664602_0031	011899-19	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the City of Kingston
216 Ontario Street KINGSTON ON K7L 2Z3

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

Rideaucrest Home
175 Rideau Street KINGSTON ON K7K 3H6

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

WENDY BROWN (602)

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): July 3 - 5 & 8, 2019

Log #011899-19/ CIS #M569-000015-19 - regarding a fall with injury and transfer to hospital.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director(s) of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses, (RPN), Personal Support Workers (PSW), the physiotherapist, physiotherapy assistants, residents and family members.

In addition, observations of resident care service delivery, and reviews of electronic health care records, meeting minutes, investigation files, fall assessment reports, hospital reports/documents and relevant policies/procedures were completed.

The following Inspection Protocols were used during this inspection:
Falls Prevention

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **0 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	Légende 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care for residents #002, #004 and #005, was provided to the residents as specified in their plans.

Resident #002 was admitted to the home on a specified date; since this time, they have had a specified number of falls. Multiple fall prevention and management interventions were noted in their care plan including the *FALLING LEAF* program.

On a specified date, resident #002 was observed napping on their bed with all fall related interventions in place other than the falling leaf identifier on the doorframe. The leaf serves to flag staff that the resident is at high risk for falls. This intervention was recently reassessed and remained part of the resident's care plan. Assistant Director of Care (ADOC) #103 was alerted to the missing identifier, and on a specified date, this inspector noted that a falling leaf flag had been placed on resident #002's doorframe.

Resident #004's last several Scott Fall Risk Assessments indicated they were at a high risk for falls. The recent MDS assessment indicated a fall risk score of equal to or greater than seven. Several fall prevention and management interventions were noted in resident #004's plan of care and included a specified mattress.

On three specified dates resident #004's mattress was observed to be a regular versus the specified mattress outlined in their plan of care. On a specified date later, inspector #602 noted resident #004's plan of care no longer listed a specified mattress as part of their falls prevention and management interventions.

At approximately 1000 hours on a specified date, resident #005 was observed without a falls alarm in place. Inspector #602 asked a PSW staff if resident#005 should have their falls alarm. The PSW indicated the resident should and obtained a new alarm via registered staff and replaced it as outlined in resident #005's plan of care. Resident #005's fall prevention and management interventions included a specified type of falls alarm.

The care set out in the plan of care for resident #002, #004 and #005 was not provided as specified in the plan.

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 where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 48, the licensee was required to ensure that a falls prevention and management program that reduces the incidence of falls and the risk of injury was developed and implemented in the home: Specifically, staff did not comply with the "Resident Care - Fall Prevention and Management Program Policy, RC 15-01-01 (revised February 2017)".

The Resident Care Fall Prevention and Management Program Policy, RC 15-01-01, indicates in "Prevention of Falls" procedures item #7. "Flag resident at high risk of fall injury (e.g. new admissions, Scott Fall Risk Score >7, Fracture Risk >1) for additional monitoring, precautionary measures, and protective equipment … Clearly communicate responsibilities of all parties in prevention of falls and injury. See Falling Star/Leaf Flagging Guide, Appendix 7.

Appendix 7:
The following residents will be flagged:
- For the first 72 hours following admission to the home;
- If delirium is suspected or confirmed
- Score = >7 on Scott Fall Risk Screen; or
- Score = > 1 of Fracture risk assessment

Residents will be identified in one or more of the following ways:
- Wrist band or visible clothing item designated ways

- Icon on bedroom door and near bed and or
- Flag on chart

All identifiers will be discrete to preserve dignity and privacy. The nurse will be responsible for prompt placement and removal of program Identifiers (e.g. falling star/leaf …).

A review of a Falling Leaf Program report identified fourteen residents were part of the Falling Leaf Program, however, a Scott Fall Risk assessment report run by Best Practice Champion / Registered Practical Nurse (BPC/RPN) #115 listed seventy-one residents with a Fall Risk Screen score of equal to or greater than seven were currently residing in the home; only eleven of which were listed as part of the Falling Leaf Program. A review of the discrepancy between the home's Fall Prevention and Management Program Policy and Scott Fall Risk Assessment screening scores was being completed by BPC/RPN #115.

Resident #004's last three Scott Fall Risk Assessments were completed with scores of equal to or greater than seven. The resident was not listed on the Falling Leaf Program nor was a falling leaf flag located on their doorframe as outlined in the Fall Prevention and Management Program Policy. The licensee failed to the "Resident Care - Fall Prevention and Management Program" Policy was complied with. [s. 8. (1) (a),s. 8. (1) (b)]

Issued on this 11th day of July, 2019

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

Original report signed by the inspector.