

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

**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
Aug 28, 2019	2019_520622_0018	013338-19, 014499-19	Complaint

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

HEATH HEFFERNAN (622)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 7, 8, 9, 12, 16 (offsite), 19, 20, 21, 22, 23, 2019.

The following logs were completed during this inspection:

Log #014499-19/IL-68713-OT for a complaint related to a resident's care and services post fall.

Log #013338-19/CIS #M569-000017-19 for a critical incident related to the same resident's fall with hospital transfer.

During the course of the inspection, the inspector(s) spoke with the Director of Care, Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) the Physiotherapist and the Restorative Care Lead.

During the course of the inspection, the inspector reviewed the applicable complaint documents, the critical incident system report (CIS), electronic and hard copy health records, the Licensee's Policy #RC-15-01-01 related to the Falls Prevention and Management Program and staff schedules.

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

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 falls prevention and management policy, the policy was complied with.

In accordance with O. Reg 79/10, s. 49 (1), the licensee failed to ensure the written strategies to reduce or mitigate falls, including the monitoring of residents, the review of resident drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids were utilized.

Staff failed to comply with the Licensee's Fall Prevention and Management Programs policy # RC-15-01-01 which was last updated on February 2017 and stated on page 6 of 9 that residents are to be referred to the Restorative Care program and Physiotherapy for follow up to falls as appropriate.

On a specified date and time, resident #001 had an un-witnessed fall with a change in their level of function noted one hour later. Resident #001 was transferred to the hospital and admitted with a specified diagnosis. Leading up to resident #001's fall on the specified date, they were noted to have a series of multiple falls over a two month period with no significant injuries.

On August 12, 2019, inspector #622 reviewed the progress notes and the assessment tab on Point Click Care related to Physiotherapy and the Restorative Care program which indicated that there had not been any documented Physiotherapy or Restorative Care referrals/assessments related to the series of multiple falls resident #001 had over the two month period.

During separate interviews with inspector #622 on August 12, 2019, the Physiotherapist #100 and the Restorative Care Lead #101 stated that they had not received referrals for resident #001 related to the series of multiple falls they sustained over the two month period. The Restorative Care Lead stated that the resident was no longer following direction related to the restorative care program. Physiotherapist #100 stated that even though resident #001 had been non-compliant with the programming in the past, there still should have been referrals submitted regarding their series of multiple falls during the two month period.

During an interview with inspector #622 on August 12, 2019, the Director of Care #102 stated that the Falls Prevention and Management program policy #RC-15-01-01 would indicate that Physiotherapy and Restorative Care program referrals should have been submitted if resident #001 had a series of multiple falls over a two month period. [s. 8. (1) (a),s. 8. (1) (b)]

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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with., to be implemented voluntarily.

Issued on this 29th day of August, 2019

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

Original report signed by the inspector.