

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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
May 11, 2021	2021_765541_0009	001620-21, 002684- 21, 003149-21, 005431-21	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

AMBER LAM (541)

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): May 3-7, 2021

The following intakes were completed during this inspection:

- Log #005431-21 related to a fall with injury**
- Log #001620-21 related to a fall with injury**
- Log #002684-21 related to responsive behaviors**
- Log #003149-21 related to responsive behaviors**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Directors of Care, Registered Nurses, the Physiotherapist, Registered Practical Nurses and Personal Support Workers. In addition, the inspector reviewed resident plans of care, relevant policies and completed an Infection Prevention and Control checklist.

The following Inspection Protocols were used during this inspection:

- Falls Prevention**
- Infection Prevention and Control**
- Responsive Behaviours**

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

- 2 WN(s)**
- 2 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that two staff members involved in the falls plan of care for a resident collaborated with each other in the assessment so that their assessments were consistent with each other.

A resident had an unwitnessed fall.

A restorative care aide assessed the resident and started them on a restorative walking program where the resident could walk using a walker and staff assistance. Two weeks later, the restorative care aide reassessed the resident's restorative walking program and determined it was still effective.

The day prior to the restorative care aide completing their re-assessment, the physiotherapist noted the resident to be doing well using their walker and 2 days later the physiotherapist noted the resident continued to use their walker on their own. During an interview with inspector, the physiotherapist indicated the resident could use their walker independently but with staff supervision.

The resident's plan of care in place at the time of the fall indicated they were to continue with the restorative walking program however in another part of the plan of care it indicated the resident "does not walk safely at present" and that the resident moves with "total assistance provided by staff with wheelchair".

The restorative care aide's assessment for the resident to continue to use their walker with assistance of staff is not consistent with the progress notes indicating the resident was walking independently with their walker. In addition, the care plan interventions for the resident's mobility are not consistent with each other.

Sources: A resident's progress notes and care plan, interviews with a restorative care aide and physiotherapist. [s. 6. (4) (a)]

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 to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other, to be implemented voluntarily.

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 failed to ensure that the Falls policy was complied with.

The licensee's Falls Prevention and Management Program indicates that if a resident hits their head or is suspected of hitting their head (eg. unwitnessed fall), complete the Clinical Monitoring Record. The Clinical Monitoring Record directs staff to monitor the resident every hour x 4 hours and then every 8 hours x 72 hours following the fall.

A resident had an unwitnessed fall.

The resident was not monitored every 1 hour x 4 hours as they were only monitored once in a two hour period of time.

Another resident had an unwitnessed fall. The Clinical Monitoring Record showed the resident not monitored for approximately 24 hours following the fall.

Sources: Progress notes for residents, Clinical Monitoring Records, Falls Prevention and Management Program policy, interviews with RPNs and ADOC. [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 to ensure 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) is complied with, to be implemented voluntarily.

Issued on this 19th day of May, 2021

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

Original report signed by the inspector.