



**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 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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 17, 2016	2016_290551_0011	020506-15, 028469-15, 006291-16	Critical Incident System

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### **Licensee/Titulaire de permis**

458422 ONTARIO LIMITED  
220 EMMA STREET CORNWALL ON K6J 5V8

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

SANDFIELD PLACE  
220 EMMA STREET CORNWALL ON K6J 5V8

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

MEGAN MACPHAIL (551)

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## **Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 6, 7, 8 and 9, 2016.**

**The following logs were inspected: 020506-15 (fall resulting in hospitalization); 028469-15 and 006291-16 (allegations of staff to resident abuse).**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSWs), a Dietary Aide, Registered Nursing Staff, the Director of Care and the Administrator.**

**During the course of the inspection, the inspector(s): reviewed health care records, reviewed the Falls Prevention Program policy, reviewed the home's investigation files (into the critical incidents that were inspected) and reviewed training records.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Prevention of Abuse, Neglect and Retaliation**

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. As per 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 is complied with. As per O. Reg 79/10, 48 (1) (1) every licensee of a long-term care home shall ensure that a falls prevention and management program to reduce the incidence of falls and the risk of injury is developed and implemented in the home.

Resident #003 was admitted to the home in 2013.

Between a specified month in 2013 and a specified month in 2015, resident #003 had twelve falls. A fall in 2015 resulted in a fracture to a specific body part.

The home's policy 4.1.12 Falls Prevention Program was reviewed. Under Roles and Responsibilities, the policy directs the RN and RPN to Complete Falls Risk Assessment (FRAT) within 24 hours of admission, quarterly and after any fall. Under Post Fall Management, the policy directs the interdisciplinary team to #3 Complete Risk Management report and detailed progress note.

RN #105 and RPN #104 stated that the home's clinically appropriate instrument that is specifically designed for falls is entitled Fall Incident Report in Risk Management. Both staff indicated that it was to be completed after every fall, regardless of the outcome to the resident.

A review of resident #003's health care record indicated that a Fall Incident Report in Risk Management was not completed after two of twelve falls, and that a FRAT was not completed after eleven of twelve falls.

The DOC and Administrator both stated that they expect registered staff to comply with the falls prevention program policy. [s. 8. (1) (a),s. 8. (1) (b)]



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**Issued on this 17th day of June, 2016**

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

**Original report signed by the inspector.**