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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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
April 27, 28, 29, May 5, 2011	2011_178_2894_26Apr160030	Critical Incident, T-140-11

Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga ON L5R 4B2
Tel-289-360-1200, Fax-289-360-1201

Long-Term Care Home/Foyer de soins de longue durée
Sherwood Court Long Term Care Centre, 300 Ravineview Drive, Maple ON L6A 3P8

Name of Inspector(s)/Nom de l'inspecteur(s)
Susan Lui, 178
Gloria Still, 164

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspectors spoke with: Executive Director (Administrator), Director of Care, Assistant Director of Care, Registered staff, personal support workers, resident.

During the course of the inspection, the inspectors: reviewed resident records, reviewed home policies and procedures for Falls Prevention, observed resident's environment, interviewed staff and resident.

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

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

2 WN
2 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

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

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 LTCHA, 2007, S.O. 2007,c.8, s6(1)(c).
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

1. **Plan of care for an identified resident does not set out clear directions to staff with regards to assistance needed for transfers.**
2. **Plan of care for an identified resident did not set out clear directions to staff regarding interventions to prevent falls until more than four weeks after the resident's first fall in the home.**

Inspector ID #:	178, 164

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 there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident**, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.49(2)
Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

- **An identified resident has not been reassessed after falling, using a clinically appropriate assessment instrument.**
- **After falls resident is assessed using the home's "Resident Fall Documentation" form. This form is not a clinically appropriate assessment instrument that is specifically designed for falls, and does not adequately assess the resident's abilities and risk for future falls.**

Inspector ID #:	178, 164
Additional Required Actions: [Complete one or more as appropriate - delete all that is not applicable – if there are no requirements, delete entire row] **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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls**, to be implemented voluntarily.	

Signature of Licensee or Representative of Licensee 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).