

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: October 3, 2024

Inspection Number: 2024-1089-0005

Inspection Type:

Critical Incident

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: Sumac Lodge, Sarnia

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 24-27, 2024.
An Inspection Manager was also present during this inspection.

The following intake(s) were inspected:

- Intake #00119522 related to Fall Prevention and Management

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's Falls Prevention and Management policy related to falls risk assessments.

In accordance with O.Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure that they are complied with. Specifically, registered staff did not comply with the licensee's falls risk assessment protocol.

Rationale/Summary:

A) Review of the home's Fall Prevention and Injury Reduction policy indicated that a regulated health professional is required to complete a fall risk assessment when a resident undergoes a quarterly or annual review according to the RAI schedule.

Review of a resident's fall risk assessments indicated that the last fall risk assessment was not completed as per the RAI schedule.

B) A fall risk screen was completed for a resident. Review of the resident's fall risk screen indicated that a fall risk assessment was required to be completed within a specified timeframe. Review of the resident's fall risk assessments indicated an assessment was not completed as per the home's protocol.

Failure to complete a fall risk assessment placed this resident at an increased risk.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Sources: Review of the Fall Prevention and Injury Reduction policy, resident clinical records, interview with staff.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

The licensee failed to ensure that when a resident had fallen, a post-fall assessment was conducted using a clinically appropriate assessment instrument, specifically designed for falls.

Rationale/Summary:

A resident sustained a fall and a post-fall assessment was not completed related to the fall.

The home's Post-Fall Management policy included the nurse was required to complete a post-fall assessment immediately following the fall.

During an interview with the Resident Care Manager (RCM) they acknowledged that it is the expectation of the home to complete a post-fall assessment after each fall and acknowledged that it was not completed as per the home's policy.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Failure to complete a post-fall assessment for a resident that sustained a fall placed this resident at an increased risk.

Sources: Review of the home's Post-Fall Management policy, resident clinical records, and interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure a resident received a skin assessment when they sustained altered skin integrity.

Rationale/Summary:

A resident sustained a fall that resulted in altered skin integrity.

Review of the home's New Skin Impairment/New Wound Assessment policy included the nurse was required to complete the initial assessment, using the Point Click Care (PCC) Skin and Wound app, when a skin impairment is reported or identified.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Review of the resident's clinical records indicated that an assessment was not completed related to the altered skin integrity.

During the interview with the Resident Care Manager (RCM), they acknowledged that it is the expectation of the home to complete a skin assessment in PCC when a new skin impairment is identified and that it was not completed as per the home's policy.

Failure to complete an initial skin assessment for a resident who exhibited altered skin integrity put this resident at an increased risk for worsening skin impairment.

Sources: Review of the home's New Skin Impairment/New Wound Assessment policy, resident clinical records, interview with staff.