

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: February 8, 2024	
Inspection Number: 2024-1014-0001	
Inspection Type: Critical Incident	
Licensee: Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation	
Long Term Care Home and City: Perth Community Care Centre, Perth	
Lead Inspector Polly Gray-Pattemore (740790)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 26-31, 2024, and February 1-2, 2024

The following intake(s) were completed in this Critical Incident (C)) inspection:

- Intake #00099742 was related to improper/incompetent treatment of a resident and written complaint/response concerning the care of the same resident.
- Intake #00101335 was related to alleged financial abuse.
- Intake #00105429 was related to fall with injury.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required Programs

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

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 ensure that the falls prevention and management program regarding Falls Prevention Committee meetings was complied with.

Rationale and Summary

In accordance with O. Reg. s. 53 (1) 1., the licensee shall ensure that a falls prevention and management program is developed and implemented in the home. Further, in accordance with O. Reg. s. 11 (1) (b) the licensee shall ensure that any program required under the Regulation is complied with.

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A review of Universalcare Falls Prevention and Management Program policy indicated that the falls prevention committee will meet monthly or more frequently, as required.

A review of Universalcare Falls Prevention Committee policy indicated that the falls prevention committee meetings will be held monthly or more frequently, as required.

A review of the Falls Prevention Committee meeting minutes, dated June 14, 2023, demonstrates that the meeting was held on June 14, 2023 and the next meeting to be determined.

January 30, 2024, during an interview with a staff member, they indicated that the home had not conducted monthly falls prevention committee meetings in the past six months.

January 30, 2024, during an interview with the Director of Care (DOC), they acknowledged that the home does not currently conduct monthly falls prevention committee meetings.

January 31, 2024, during an interview with DOC, they indicated that the last falls prevention committee meeting occurred July 2023.

Sources: Interviews with staff and DOC; Universalcare Falls Prevention and Management Program policy, 05-02-02, last revised 05/2023; Universalcare Falls Prevention Committee policy, 05-02-03, last revised 05/2023; and Falls Prevention Committee meeting minutes, dated June 14, 2023.

[740790]

WRITTEN NOTIFICATION: Fall 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

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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. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

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

Rationale and Summary

A review of the Critical Incident System (CIS) report indicated that a resident had two falls.

A record review showed that the same resident had fallen and that there was no post-fall assessment completed.

A review of Falls-Resident, 05-02-01 policy, indicated registered nursing staff will document fall and resident assessment using a Post-fall Assessment (RNAO: Post Fall Assessment Order Set (PCC)).

January 30, 2024, during an interview with a staff member, they acknowledged that the resident had fallen and that a post-fall assessment should be completed with each fall.

January 30, 2024, during an interview with a staff member, they confirmed that registered staff document a post-fall assessment using the RNAO Post Fall Assessment Order Set - V9.

January 30, 2024, during an interview with the DOC, they confirmed that there was no post-fall assessment completed for the resident fall and staff use the RNAO Post Fall Assessment Order Set - V9 to complete a post-fall assessment.

There was increased risk of injury to the resident due to post-fall assessments not

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completed and documented.

Sources: Resident record review; Universalcare Falls-Resident, 05-02-01 policy, last revised 05/2023; interview with staff and DOC.
[740790]

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee failed to ensure that the written response provided to a person who made a complaint shall include the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

Rationale and Summary:

Review of the licensee's written response provided to the complainant revealed that the response did not include the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

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Review of the licensee's LTC Complaints Policy and Procedure, indicated that a written response provided to a person who made the complaint shall include the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

On February 2, 2024, during an interview with the DOC, they acknowledged that the response provided to the person who made the complaint did not include the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

By not including this information, the licensee fails to encourage future submission of urgent and non-urgent reporting to the Ministry and contact to the patient ombudsman when the complainant was not able to reach a satisfactory resolution.

Sources: Response letters provided to the complainant; interview with DOC; and Universalcare LTC Complaints Policy and Procedure (last revised 11/2023).
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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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