

Original Public Report

Report Issue Date	June 9, 2022		
Inspection Number	2022_1588_0001		
Inspection Type	<input checked="" type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	The Corporation of the County of Elgin Municipal Homes		
Long-Term Care Home and City	Terrace Lodge, Aylmer		
Lead Inspector	Samantha Perry #740	Inspector Digital Signature	
Additional Inspector(s)	Donna Tierney #569 Christie Birch #740898		

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 06 and 07, 2022.

The following intake(s) were inspected:

- #009038-22 Follow-Up inspection related to Director Order #001 from inspection # 2022_678577_0001 related to the prevention of resident abuse.
- #009132-22 / CIS # M583-000016-22) related to falls.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007 s. 19	2022_678577_0001	001	Samantha Perry #740

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION FALLS PREVENTION AND MANAGEMENT

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

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

The licensee has failed to ensure that when resident #001 had a fall, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Rationale and Summary

Resident #001 had an unwitnessed fall, resulting in hospitalization.

Review of resident #001's clinical records showed no Post Fall Screen was completed for the fall incident.

The home's Falls Prevention and Management policy and the Falls Checklist both identify that a Post Fall Screen for Resident and Environmental Factors be completed after every resident fall.

The Director of Care (DOC) #100 stated, it is the home's expectation that a Post Fall Screen be completed for each resident within 24 hours of a fall.

Sources: resident #001 clinical records, Falls Prevention and Management policy and Falls Checklist; interviews with the DOC #100, RCC #107, and other staff; observations of resident #001 and their environment.