

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

Public Report

Report Issue Date: December 19, 2024**Inspection Number:** 2024-1588-0004**Inspection Type:**
Critical Incident**Licensee:** Corporation of the County of Elgin**Long Term Care Home and City:** Terrace Lodge, Aylmer

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 18, 19, 2024

The following intake(s) were inspected:

- Intake: #00133824, CIS related to a resident's fall.

The following **Inspection Protocols** were used during this inspection:Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

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NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

The licensee has failed to ensure that a resident's plan of care was updated when the resident's specific care needs were changed.

Source: Resident's care plan and staff interviews.

Date Remedy Implemented: December 18, 2024

WRITTEN NOTIFICATION: Falls program

NC #002 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 comply with the home's falls prevention and management program when the registered nursing staff did not complete a screening assessment and a fall risk assessment upon resident's readmission.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that

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written policies developed for the falls prevention and management program were complied with.

Specifically, the home's falls prevention and management policy indicated under procedure that the registered nursing staff will complete a reassessment with a fall risk assessment upon readmission which did not occur for the resident after their readmission.

Sources: Resident's clinical record, home's falls prevention and management program, staff interview.