

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 21, 2021	2021_747725_0014	007302-21	Critical Incident System

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**Licensee/Titulaire de permis**

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  
161 Bay Street Suite 2100 Toronto ON M5J 2S1

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**Long-Term Care Home/Foyer de soins de longue durée**

Tilbury Manor Nursing Home  
16 Fort Street P.O. Box 160 Tilbury ON N0P 2L0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CASSANDRA TAYLOR (725)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): May 12-13, 2021**

**The purpose of this inspection was to inspect on Log #: 007302-21/ CIS 1064-000006-21; relating to falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Administrative Director of Care, the Food Services Manager, the Resident Assessment Instrument and Restorative Coordinator, one Registered Nurse, two Personal Support Workers, one Housekeeper and one Screener.**

**During the course of the inspection, the inspector observed infection prevention and control practices, staff to resident interactions and reviewed relevant resident clinical records, relevant home policies and procedures.**

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

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Nursing Procedures Manual policy #05-02-01 Subject: Falls, Falls- Resident; stated in part if a resident may have hit his/her head, a Head Injury Routine (HIR) must be initiated.

Nursing Procedures Manual policy #05-04-02 Subject Safety Procedures- Head Injury Routine; stated in part "All residents who actually and potentially may have sustained an injury to their head (abrasion, cut, swelling, bump or sudden onset of vomiting) following a fall (witnessed or not witnessed) and resident cannot clearly confirm that he/she did not hit his/her head, or impact with an object, must have a head routine initiated immediately." The policy further stated that "Unless otherwise ordered by the physician HIR is to be completed, Every (Q) 15 min for the first hour, Q 30 min for the next 2 hours, Hourly for the next 4 hours, if stable Q 4 hours until 72 hours after the suspected head injury has been reached."

Resident #001 was identified as having had a fall with injury within a Critical Incident System (CIS) report submitted to the Ministry of Long-term Care (MLTC). During record review it was noted that the resident had an unwitnessed fall and a HIR was to be initiated. On review of the HIR from the noted fall, there were six incomplete entries.

Resident #002 was identified as having had a fall, which required a HIR. On review of the HIR there were six incomplete entries.

Resident #003 was identified as having had a fall, which required a HIR. On review of the HIR there were 16 incomplete entries.

During an interview with the Director of Care (DOC) it was stated that the expectation would be for staff to follow policy and complete the HIR as required unless the resident refused, then the staff would be expected to reapproach the resident and then document as required.

The homes failure to follow their policy related to completing Head Injury Routines for any unwitnessed falls placed resident #001, #002 and #003, at risk for complications related to potential undiagnosed head injury.

Sources: Resident #001, #002 and #003's clinical records, interview with the DOC and the LTCH's Fall Prevention and Management Policy and Head Injury Routine Policy. [s. 8. (1) (a),s. 8. (1) (b)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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Issued on this 26th day of May, 2021

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

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

Division des opérations relatives aux soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** CASSANDRA TAYLOR (725)

**Inspection No. /**

**No de l'inspection :** 2021\_747725\_0014

**Log No. /**

**No de registre :** 007302-21

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** May 21, 2021

**Licensee /**

**Titulaire de permis :** 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  
161 Bay Street, Suite 2100, Toronto, ON, M5J-2S1

**LTC Home /**

**Foyer de SLD :** Tilbury Manor Nursing Home  
16 Fort Street, P.O. Box 160, Tilbury, ON, N0P-2L0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Jennifer Middleton

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**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

To 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, you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**No d'ordre :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
 (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and  
 (b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

Specifically, the licensee must;

- A) Ensure that the home's policies Fall Prevention Management and Head Injury Routine (HIR) is implemented and complied with, after each fall experienced by resident #001, #002, #003 and any other resident.
- B) The licensee must ensure that all Registered Nurses and Practical Nurses receive re-training related to the home's Falls policies, that includes training related to the purpose of conducting HIR assessments and what is included in a HIR assessment.
- C) The licensee must keep a record related to the training that indicates the staff members that received the training, the content of the training and the date the training was completed by each staff member.
- D) The licensee must complete weekly audits of three falls (if available) to ensure that, if required, head injury routines are being completed at the specific time intervals listed in the homes policy. The audits will be completed for three months or until such time as compliance is achieved.
- E) The licensee will keep records of audits completed, any deficiencies noted and any corrective actions taken related to identified deficiencies.



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Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Grounds / Motifs :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Nursing Procedures Manual policy #05-02-01 Subject: Falls, Falls- Resident; stated in part if a resident may have hit his/her head, a Head Injury Routine (HIR) must be initiated.

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Resident #001 was identified as having had a fall with injury within a Critical Incident System (CIS) report submitted to the Ministry of Long-term Care (MLTC). During record review it was noted that the resident had an unwitnessed fall and a HIR was to be initiated. On review of the HIR from the noted fall, there were six incomplete entries.

Resident #002 was identified as having had a fall, which required a HIR. On review of the HIR there were six incomplete entries.

Resident #003 was identified as having had a fall, which required a HIR. On review of the HIR there were 16 incomplete entries.

During an interview with the Director of Care (DOC) it was stated that the

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

expectation would be for staff to follow policy and complete the HIR as required unless the resident refused, then the staff would be expected to reapproach the resident and then document as required.

The homes failure to follow their policy related to completing Head Injury Routines for any unwitnessed falls placed resident #001, #002 and #003, at risk for complications related to potential undiagnosed head injury.

Sources: Resident #001, #002 and #003's clinical records, interview with the DOC and the LTCH's Fall Prevention and Management Policy and Head Injury Routine Policy. [s. 8. (1) (a),s. 8. (1) (b)]

An order was made by taking the following factors into account:

**Severity:** The homes failure to follow their policy related to completing Head Injury Routines for any unwitnessed falls placed resident #001, #002 and #003 at risk for complications related to potential undiagnosed head injury.

**Scope:** The scope of this non-compliance was identified as a widespread, because three of the three residents' reviewed whom all experienced falls, had missing HIR assessment documentation.

**Compliance History:** Non-compliances have been issued to the home related to different sections of the legislation in the past 36 months.

(725)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Nov 01, 2021

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term  
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2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 21st day of May, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Cassandra Taylor

**Service Area Office /**

**Bureau régional de services :** London Service Area Office