

**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>
Dec 16, 2021	2021_747725_0041	008403-21	Follow up

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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 Follow up inspection.**

**This inspection was conducted on the following date(s): December 3, 2021.**

**The purpose of this inspection was to conduct a Follow up inspection for;  
Log #008403-21 - Follow-up to CO#001 from inspection #2021\_747725\_0014 /  
007302-21 regarding r. 8. (1), CDD Nov 01, 2021.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, the Administrative Director of Care, two Registered Practical Nurses, two Personal Support Workers, two Housekeeping staff, one Screening staff member and one agency Registered Nurse.**

**During the course of this inspection the inspector(s) also conducted a general Infection Prevention and Control (IPAC) inspection, as well as observations and record review relevant to the inspection.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Skin and Wound Care**

**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 :**

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."

On May 21, 2021, during Critical Incident System inspection 2021\_747725\_0014, Compliance Order (CO) #001 was issued which stated "The licensee must be compliant with O. Reg. 79/10 r. 8.(1). (b). Specifically the licensee must; ensure that the home's policies Fall Prevention and Management and Head Injury Routine (HIR) are implemented and complied with, after each fall experienced by resident #001, resident #002, resident #003 and any other resident." The compliance due date was November 1, 2021.

Nursing Procedures Manual policy #05-02-01 Subject: Falls, Falls- Resident; stated in part if a resident may have hit his/her head, an 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 minutes (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, at which time they required an HIR to be initiated. Review of the HIR showed that on a specific date in 2021, there was an incomplete entry.

Resident #004 was identified as having had a fall, at which time they required an HIR to be initiated. Review of the HIR showed that on a specific date in 2021, at a specific time it was documented that the resident was “sleeping” and no neurological assessment was completed.

During an interview with the Director of Care (DOC) it was indicated that the expectation would be for staff to complete the required HIR documentation as per their policy.

The homes failure to follow their policy related to completing an HIR for any fall requiring one, placed resident #001 and #004, at potential risk for complications related to a head injury.

Sources: Resident #001 and #004’s clinical records and staff interview with the DOC.

***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 21st day of December, 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\_0041

**Log No. /**

**No de registre :** 008403-21

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Dec 16, 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  
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

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

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**Order # /**

**No d'ordre :** 001

**Order Type /**

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

**Linked to Existing Order /** 2021\_747725\_0014, CO #001;  
**Lien vers ordre existant:**

**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 :**



**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

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, #004 and any other resident.

B) The licensee must ensure that all Registered Nurses and Registered Practical Nurses, including agency registered staff 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.

**Grounds / Motifs :**

1. 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."

On May 21, 2021, during Critical Incident System inspection 2021\_747725\_0014, Compliance Order (CO) #001 was issued which stated "The licensee must be compliant with O. Reg. 79/10 r. 8.(1). (b). Specifically the licensee must; ensure that the home's policies Fall Prevention and Management

**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

and Head Injury Routine (HIR) are implemented and complied with, after each fall experienced by resident #001, resident #002, resident #003 and any other resident." The compliance due date was November 1, 2021.

Nursing Procedures Manual policy #05-02-01 Subject: Falls, Falls- Resident; stated in part if a resident may have hit his/her head, an 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 minutes (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, at which time they required an HIR to be initiated. Review of the HIR showed that on a specific date in 2021, there was an incomplete entry.

Resident #004 was identified as having had a fall, at which time they required an HIR to be initiated. Review of the HIR showed that on a specific date in 2021, at a specific time it was documented that the resident was "sleeping" and no neurological assessment was completed.

During an interview with the Director of Care (DOC) it was indicated that the expectation would be for staff to complete the required HIR documentation as per their policy.

The homes failure to follow their policy related to completing an HIR for any fall requiring one, placed resident #001 and #004, at potential risk for complications related to a head injury.

Sources: Resident #001 and #004's clinical records and staff interview with the DOC.

**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

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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

An order was made taking the following factors into account;

Severity: Not following the policy to initiate or complete an HIR for any fall requiring one placed resident #001 and #004 at risk for a potential undetected head injury.

Scope: The scope of this issue was a pattern as 2 out of the 3 residents were noted to have incomplete HIR documentation.

Compliance History: The licensee continues to be in non-compliance with O. Reg.79/10 r. 8(1)(b), resulting in a CO being re-issued. CO #001 was issued on May 21, 2021 (inspection #2021\_747725\_0014) with a compliance due date of November 1, 2021. In the past 36 months a written notice was issued to the home related to a different sub-sections of the legislation.

(725)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Jan 14, 2022

**Order(s) of the Inspector**

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

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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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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  
438 University Avenue, 8th Floor  
Toronto, ON M7A 1N3  
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  
438, rue University, 8<sup>e</sup> étage  
Toronto ON M7A 1N3  
Télécopieur : 416-327-7603

**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

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  
438, rue University, 8e étage  
Toronto ON M7A 1N3  
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 16th day of December, 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