Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
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Original Public Report

Report Issue Date: September 28, 2023	
Inspection Number: 2023-1241-0004	
Inspection Type: Complaint Critical Incident	
Licensee: Osgoode Care Centre	
Long Term Care Home and City: Osgoode Care Centre, Metcalfe	
Lead Inspector Saba Wardak (000732)	**Inspector Digital Signature** Saba Wardak Digitally signed by Saba Wardak Date: 2023.10.04 16:13:12 -04'00'
Additional Inspector(s) Pamela Finnikin (720492)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 11-12, 14-15, 2023.

The following Critical Incident intake(s) were inspected:

- Intake: #00094206 (CI #2747-000013-23) - related to a complaint regarding concerns with resident care
- Intake: #00094598 (CI #2747-000014-23) - related to fall resulting in injury and change in condition.

The following complaint intakes were completed in this inspection:

- Intake #00094019 - related to alleged neglect, continence care, and medication management

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

Continence Care
Falls Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Medication Management
Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

Rationale and Summary

A resident had a fall in their room and upon assessment, it was discovered that at the time of the incident, the instructions in place to decrease the resident's risk of injury related to falls were not implemented as per the plan of care.

The instructions in place to decrease the risk of injury to the resident are included in the Kardex, which is accessible to all direct care staff. Director of Care (DOC) confirmed that staff failed to ensure that the instructions in the Kardex were followed.

The resident did not sustain any injuries as a result of the fall, however, failure to ensure that the instructions in the Kardex were followed, put the resident at an increased risk of injury.

Sources
Resident's care plan, Fall Risk Assessment, Fall note in progress notes in Point Click Care (PCC) and interview with DOC.

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WRITTEN NOTIFICATION: Falls Prevention and Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)

The licensee has failed to ensure that the Falls Prevention and Management policy was complied with for a resident.
In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to have a falls prevention and management program to reduce the incidence of falls and the risk of injury, and it must be complied with.

Rationale and Summary

#1

Specifically, staff did not comply with the “Falls Prevention and Management” Policy, dated March 2023, which was included in the licensee’s Falls Prevention and Management Program related to Falls Risk Assessment.

The Falls Prevention and Management policy, #VI-G-10.58, revised March 2023, page 1, under Procedure, directed the registered staff to: "Conduct the Falls Risk Assessment in PCC at the following times: d. Post fall"

Review of the resident's progress notes in PCC stated that resident had an unwitnessed fall on a specified date. DOC confirmed that a Fall Risk Assessment is required to be completed for each fall as per policy, however, was not completed on this specified date for the resident's fall.

By not completing the Fall Risk Assessment after the resident's unwitnessed fall, there was a risk that the resident's increased risk of falls would not be captured.

#2

Specifically, staff did not comply with the “Falls Prevention and Management” Policy, dated March 2023, which was included in the licensee’s Falls Prevention and Management Program related to the Head Injury Routine.

The Falls Prevention and Management policy, #VI-G-10.58, revised March 2023, page 2, under section Post Falls Assessment, directed the registered staff to: "7. Initiate a Head Injury Routine (VII-G-10.22) if: a. head injury is suspected b. if the resident fall is unwitnessed, and resident is unable to describe the incident".

Review of the resident's progress notes and risk management reports in PCC confirmed that a resident had an unwitnessed fall on two occasions within a two-week period. Upon review of the resident's health care records including the hard copy of resident's chart, a Head Injury Routine (HIR) was not documented for the resident following both incidents.

DOC also confirmed that HIR was not completed for the resident following both unwitnessed falls.

By not completing the HIR after the resident's unwitnessed falls, there was a risk that they could have had undetected head injuries.

Sources
Falls Prevention and Management policy, #VI-G-10.58, revised March 2023, resident’s health care records including progress notes, fall risk management records, hard copy of resident’s chart, and interview with DOC.

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