

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

Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

Central East Service Area Office
419 King Street West Suite #303
OSHAWA ON L1J 2K5
Telephone: (905) 433-3013
Facsimile: (905) 433-3008

Bureau régional de services du
Centre-Est
419, rue King Ouest bureau 303
OSHAWA ON L1J 2K5
Téléphone: (905) 433-3013
Télécopieur: (905) 433-3008

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 19, 2019	2019_598570_0014	001262-18	Complaint

Licensee/Titulaire de permis

Trilogy LTC Inc.
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Trilogy Long Term Care Residence
340 McCowan Road SCARBOROUGH ON M1J 3P4

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

SAMI JAROUR (570)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 24, 25, 26, and 27, 2019; July 2, 3, 4, 5, and 8, 2019.

Complaint Log #:001262-18, was inspected related to nutrition and hydration concerns; related to concerns with falls prevention program at the home.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), registered practical nurses (RPN), personal support workers (PSW), Falls prevention program lead, the dietitian (RD), corporate dietitian, physiotherapist, residents, and family members.

During the course of this inspection, the inspector, toured specific resident rooms and common residents common areas, observed residents to residents interactions and staff to residents interactions, reviewed clinical records, relevant policies to this inspection, and the licensee's complaints' logs.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

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

1 WN(s)

0 VPC(s)

0 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 had failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy and procedure, the licensee was required to ensure that the policy and procedure, (b) was complied with.

In accordance with O. Reg. 79/10 s.48.(1) 1, the licensee was required to ensure that a falls prevention and management program to reduce the incidence of falls and the risk of injury is developed and implemented in the home.

The home's policy called "Resident Safety and Risk Management", number LTC-CA-WQ-200-07-08, and revised November 2014, directed under procedures:

Post Fall Analysis:

1. Following a resident fall, Registered staff will review the residents fall history to determine how many falls the resident had in the month and how many falls the resident has had in the quarter.

2. Combined with the level of risk related to falls, Registered staff will use the number of falls in the month/quarter to determine if a Post Fall Analysis is to be completed.

3. a) high risk resident:

If this is the first fall in the quarter – complete the following:

- 1. Morse Fall Risk Assessment
- 2. Risk Management – PCC
- 3. Progress note using the 'Occurrence Note' note type
- 4. Post Fall Analysis in PCC

If this fall is more than the first fall in the quarter – complete the following:

- 1. Risk Management – PCC
- 2. Progress note using the 'Occurrence Note' note type

A complaint was received by the Ministry of Health and Long-Term Care (MOHLTC) related to concerns that resident #006 had fallen and had an injury on an identified date.

A review of the progress notes for resident #006 for an identified period indicated the resident was at risk for falls. The resident sustained an identified number of falls during an identified year.

Review of clinical records for resident #006 indicated post fall analysis was completed post falls on two identified dates.

A review of the progress notes indicated the resident sustained a number of falls during an identified quarter of the year. There was no documentation that a post fall analysis was completed for resident #006 until the resident sustained another fall in the following quarter of the same year.

During an interview with Inspector#570, RPN #115 indicated they were the lead for the falls prevention program, at the home. The RPN indicated that as per policy if a resident had one fall in one quarter, then post fall analysis should be completed; if more falls noted in same quarter there will be only a note on Point Click Care (PCC) and risk management would be completed. The RPN indicated that staff should have completed a post fall analysis when the resident sustained a fall on an identified date. The RPN further indicated that registered staff were counting three months back from the date of the fall and they should be using calendar quarters instead. If staff were using three month look back, they should have completed a post falls analysis on an identified month as the last completed post fall analysis was more than three months.

During an interview with Inspector#570, the Director of Care (DOC) indicated that registered staff did not follow the home's falls prevention policy when a post fall analysis was not completed for resident #006 when the resident sustained a fall on an identified date.

The licensee's Resident Safety and Risk Management policy was not complied with when registered staff did not complete a post fall analysis for resident #006 although the resident sustained a number of falls during an identified quarter. [s. 8. (1) (a),s. 8. (1) (b)]

Issued on this 26th day of July, 2019

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

Original report signed by the inspector.