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

**Toronto District**
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# Original Public Report

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| **Report Issue Date:** June 8, 2023 | |
| **Inspection Number:** 2023-1383-0003 | |
| **Inspection Type:**<br>Follow up<br>Critical Incident System | |
| **Licensee:** Trilogy LTC Inc. | |
| **Long Term Care Home and City:** Chartwell Trilogy Long Term Care Residence, Scarborough | |
| **Lead Inspector**<br>Fiona Wong (740849) | **Inspector Digital Signature**<br>Fiona Hoi Kwan Wong-Dip<br>Digitally signed by Fiona Hoi Kwan Wong-Dip<br>Date: 2023.06.08 15:48:52 -04'00' |
| **Additional Inspector(s)**<br>Colleen Lewis (000719) was present during the inspection. | |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 25-26, 29-31, 2023 and June 1, 2023.

The following intake(s) were inspected:

- Intake: #00084460 - Follow-up - related to policy to promote zero tolerance.
- Intake: #00084719 - CIS #2899-000019-23 - related to falls prevention and management.
- Intake: #00086713 - CIS #2899-000022-23 - related to duty to protect and skin and wound care.

The following intake(s) were completed:

- Intake: #00084692 - CIS #2899-000017-23: related to falls prevention and management.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order ##001 from Inspection #2023-1383-0002 related to FLTCA, 2021, s. 25 (1) inspected by Fiona Wong (740849)

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management
Falls 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 (10) (b)

The licensee has failed to ensure that a resident's plan of care was revised after their care needs changed.

**Rationale and Summary**
On a specified day, the resident sustained a fall. Right after the fall, the team agreed that a specified intervention was required to prevent future falls. This intervention was communicated verbally with the next shift staff.

On the same specified day during the next shift, the resident sustained another fall.

A PSW stated they were unaware of the specified intervention after the first fall, therefore the intervention was not implemented prior to the second fall. An RN indicated that the specified intervention was communicated to the PSWs. The RN and the Fall's Lead confirmed that the specified intervention was not implemented prior to the second fall.

The Fall's Lead confirmed that the specified intervention was not documented in the resident's plan of care after the first fall, but it should have been documented.

Failure to revise the resident's plan of care when their care needs changed might have contributed to injuries sustained after their second fall.

**Sources**: the resident's clinical records, interviews with two PSWs, two RNs, and the Fall's Lead.

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## WRITTEN NOTIFICATION: Pain Management

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.

The licensee has failed to comply with their pain management program when new pain was identified for a resident.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the pain management program provides assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

Specifically, staff did not comply with the policy "Pain Management Program".

**Rationale and Summary**
The resident was assessed to be cognitively impaired.

On a specified day, an RN noted that a skin concern worsened, and expressions of pain were noticed during a skin assessment.

The home's Pain Management policy stated that a new comprehensive pain assessment tool is to be completed when a resident has a new pain that is not episodic in nature. Resident are assessed for new pain using Pain Assessment in Advanced Dementia Scale (PAINAD) for cognitively impaired residents, and pain scores will be recorded in Point Click Care (PCC).

The pain assessment tool was not completed and documented when new pain was identified. This was confirmed with the Assistant Director of Care (ADOC) who also stated that it should have been done.

Failure to complete a comprehensive pain assessment when new pain was identified increased the risk of not determining the severity of the pain.

**Sources**: The home's Pain Management Program policy, the resident's clinical records, interviews with an RN and the ADOC.

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