Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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 public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 2, 2015	2014_259520_0039	008985-14 & 009836-14	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

ELMWOOD PLACE
46 ELMWOOD PLACE WEST LONDON ON N6J 1J2

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

SALLY ASHBY (520)

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): December 23 and 29, 2014

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Behavioural Support Ontario (BSO) Lead, Physio Therapy Assistant, Personal Support Worker (PSW), Housekeeping Aide, Resident, 1 family member

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 the plan, policy, protocol, procedure, strategy or system, (b) is complied with, as evidenced by:

A review of the Revera Fall Interventions Risk Management (FIRM) Program revised March 2014 stated the following:
Under Post Fall Management:
*Interdisciplinary progress notes will be completed for all falls
*If a fall is not witnessed or the Resident has hit their head, a neurological assessment will be initiated (Head Injury Routine) and the Resident will be monitored for 72 hours
*For all falls, a complete clinical assessment will be completed and documented, including vital signs every shift for a minimum of 72 hours
*After a fall, the SDM/family, Physician/NP and management will be notified
Under Documentation/Monitoring:
iii. Neurological monitoring documentation (72hr.) when applicable as per Head Injury Routine

An interview with the Director of Care revealed the expectation of the home following a fall by a Resident was:
*Head Injury Routine for 72hrs. if unwitnessed
*72hr. progress note
*progress note for 72hrs. with subjective data
*pain assessment (hard copy) in the Resident's chart
*fall risk assessment
*referral to the physician (hard copy in physician's binder)

The Director of Care then verified the following was missing/lacking:
*Head Injury Routine was missing information for Resident #1 after unwitnessed falls on two separate dates
*there was a lack of information in the progress notes for Resident #1 (subjective data - vitals, range of motion)
*no pain assessment found for Resident #1 after unwitnessed falls on two separate dates
*no referral to the physician for Resident #1 after a fall

The Director of Care acknowledged the the home's plan, policy, protocol, procedure, strategy or system had not been complied with. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, as evidenced by:

An interview with the Director of Care stated the Resident Post Fall Assessment Document was used as a clinically appropriate assessment instrument following an unwitnessed fall. Resident #1 had two unwitnessed falls.

Review of the Resident Post Fall Assessment Document for Resident #1 following the falls revealed the following:
1st fall: missing vitals for 2nd and 3rd shifts, missing information under "action taken" no physician notified
2nd fall: missing vitals for 2nd shift, under "action taken" no signature for RN/RPN/LPN under physician notified and time, missing information under neurological flowsheet and vitals for two time-frames on a specific date.

The Executive Director and Director of Care verified the missing assessments.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).
(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the actions taken to meet the needs of the resident with responsive behaviours include:
assessment
reassessments
interventions, and
documentation of the resident's responses to the interventions, as evidenced by:

A review of the Critical Incident Report submitted regarding Resident #2's responsive behaviours stated Resident #2 would be referred to the BSO team internally. Documentation received by the home labelled Responsive Behavior Referral Form for Resident #2 was dated twelve days after the incident. An interview with the Executive Director and the Director of Care could not explain the delay between the incident date and the referral date. The Director of Care verified the scheduled dates worked for the staff member on the BSO Team as being seven dates between the incident date and the referral date.

Review of the BSO Binder revealed no mention of Resident #2, strategies or interventions. This was verified by a staff member and member of the BSO Team. [s. 53. (4) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that resident monitoring and internal reporting protocols were developed to meet the needs of residents with responsive behaviours, to be implemented voluntarily.

Issued on this 2nd day of January, 2015

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

Original report signed by the inspector.