



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**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**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 31, 2015	2015_356618_0007	T-2528-15	Critical Incident System

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### **Licensee/Titulaire de permis**

REGENCY LTC OPERATING LP ON BEHALF OF REGENCY  
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

THE WOODHAVEN  
380 Church Street MARKHAM ON L6B 1E1

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

CECILIA FULTON (618)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 2,3, 2015**

**During the course of the inspection, the inspector(s) spoke with spoke with the administrator, director of care (DOC), registered staff, personal support staff (PSW), physician, resident, conducted a record review of an identified resident, reviewed the homes fall prevention and restraint program, and the homes policy titled Resident Falls.**

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

**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>Legendé</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>

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**WN #1: 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.

Record review revealed that resident #1 was at a high risk for falls. Morse fall assessments were completed for this resident on May 31, 2015, March 26, 2015, December 20, 2014, September 25, 2014, June 9, 2014, April 9, 2014, January 8, 2014. All of these assessments gave the resident a score of 80, placing them in the high risk category.

Record review of the progress notes revealed that the resident suffered five falls in 2015; May 16, April 15, March 3, February 8, January 18. There were no post falls assessments completed for falls occurring on March 3, February 8, 2015 and January 18, 2015.

Review of the licensee's Policy titled Resident Safety and Risk Management - Resident Falls revealed that for residents identified at high risk, a post fall analysis is the clinically appropriate tool that is to be completed after every incident.

Interview with Director of Care (DOC) confirmed that there was no post falls assessment conducted using the homes clinically appropriate assessment instrument for the identified dates. [s. 49. (2)]



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**Issued on this 31st day of July, 2015**

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

**Original report signed by the inspector.**