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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 10, 2013	2013_196157_0012	O-000294-13	Critical Incident System

Licensee/Titulaire de permis

MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

PATRICIA POWERS (157), CHANTAL LAFRENIERE (194)

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): April 12, 18, 19, May 2, 2013

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, the Director of Resident Care (DORC), 2 Registered Nurse (RN), 2 Registered Practical Nurses (RPN), Unit Manager for Woodland Unit, 5 Personal Support Workers (PSW), Manager of Resident and Program Services, Physiotherapist, Director of Resident and Family Services, Education Coordinator, 3 residents and 2 family members.

During the course of the inspection, the inspector(s) reviewed the clinical health records for identified residents, applicable Critical Incident Reports, policies related to "Falls Prevention and Management Program" and "Abuse and Neglect - Zero Tolerance", reviewed staff education records, reviewed the annual Achieva Health "Falls Prevention Report" for the period January 1, 2012 to December 31, 2012, reviewed staff deployment on the night shift for Creekside Unit, observed staff:resident interactions and care and services provided to residents.

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

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the written plan of care for each resident provides clear direction to staff and others who provide direct care to the resident:

The clinical health record for resident #01, who was receiving an identified medical treatment, indicates that the resident experienced an unwitnessed fall.

The clinical health record for resident #21, who was receiving an identified medical treatment, indicates that the resident experienced unwitnessed falls.

The clinical health record for resident #22, who was receiving an identified medical treatment, indicates that the resident experienced an unwitnessed fall.

The written plans of care for resident #01, #21 and #22 who experienced falls,failed to identify the required precautions and side effects associated with their medical treatment. [s. 6. (1) (c)]

2. There is no evidence that staff and others involved in the management of falls in the home collaborated with each other in their assessment of residents related to falls prevention and management, prior to February, 2013.
On May 2, 2013, in interviews with the DORC, Physiotherapist and the Manager of Resident and Program Services, inspectors were advised that assessments of residents physiotherapy and fall prevention needs are not coordinated with nursing staff and that there has been little interdisciplinary communication related to falls prevention and management issues. Physiotherapy conducts admission and quarterly assessments and develops resident specific programs independent of nursing input. May 2, 2013 interview with the Registered Nurse states that a post fall assessment and an internal risk management incident report are completed by registered nursing staff and interventions are initiated as required. She stated that she was not aware of any interdisciplinary process in place for the management of the falls prevention program.

In February 2013, the home recognized the need to for an interdisciplinary approach to falls prevention and management and has created a falls management team to implement the newly developed Falling Star Program with a trial of the program on the Woodland Unit. This team is led by a registered nurse and includes representation from nursing, physio and program staff. [s. 6. (4) (a)]

3. An internal incident report for resident #23 states that on an identified date the resident experienced a fall resulting in injury. A review of the incident identified that the resident was not provided care as specified in the plan of care related to toileting and transferring. [s.6. (7)]

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 written plans of care:
- provide clear direction related to risks and precautions for all residents who receive an identified medical treatment
- that care set out in the resident plans of care related to transferring and toileting is provided as specified in the plan
- that staff and others involved in the assessment, development and implementation of the plan of care for the prevention and management of resident falls collaborate with each other, to be implemented voluntarily.

WN #2: 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. O.Reg.79/10, s.48.(1)1 requires the licensee 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 licensee's policy "Falls Prevention and Management Program" Policy No. 8-41, effective October 2011, provides direction for the initiation of Head Injury Routine after a fall when the resident is receiving an identified medical treatment.

The clinical health record for resident #01, who was receiving an identified medical treatment, indicates that the resident experienced an unwitnessed fall. There is no evidence that Head Injury Routine(HIR) was performed as required by the home's policy.

The clinical health record for resident #21, who was receiving an identified medical treatment, indicates that the resident experienced unwitnessed falls. There is no evidence that HIR was performed as required by the home's policy.

The clinical health record for resident #22, who was receiving an identified medical treatment, indicates that the resident experienced an unwitnessed fall. The Head Injury Routine Form indicates that HIR was not performed as required by the home's policy.

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 licensee's policy for post fall monitoring of a resident receiving an identified medical treatment is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:
1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. O.Reg.79/10, s.48.(1)1 requires the licensee 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.
There is no evidence that the falls prevention program, "Falls Prevention and Management Program" Policy No. 8-41, effective October 2011, has been evaluated and updated at least annually in accordance with evidence-based or prevailing practices. The DORC stated that this program evaluation has not been completed. [s. 30. (1) 3.]

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 Falls Prevention Program is evaluated at least annually in accordance with evidence based or prevailing practices
- the effectiveness of the program is evaluated including an analysis of statistical data and ongoing monitoring of the program outcomes related to falls, to be implemented voluntarily.

Issued on this 10th day of May, 2013

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

Pat Rowe #157, C Lafrenière #194