

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Original Public Report

<b>Report Issue Date:</b> October 4, 2023	
<b>Inspection Number:</b> 2023-1423-0004	
<b>Inspection Type:</b> Complaint Critical Incident	
<b>Licensee:</b> Iris L.P., by its general partners, Iris GP Inc. and AgeCare Iris Management Ltd.	
<b>Long Term Care Home and City:</b> AgeCare Royal Oak, Kingsville	
<b>Lead Inspector</b> Jennifer Bertolin (740915)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Cassandra Taylor (725) Stacey Sullo (000750) Adriana Congi (000751)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 18-19, 21-22, 26, 2023  
The inspection occurred offsite on the following date(s): September 19, 22, 2023

The following intake(s) were inspected:

- Intake: #00091179-Complainant relating to responsive behaviours
- Intake: #00092871-[Critical Incident (CI)]: 2939-000026-23]: relating to fall prevention and management
- Intake: #00093012-[CI: 2939-000027-23]: relating to fall prevention and management
- Intake: #00093227-Complainant relating to fall prevention and management
- Intake: #00094054-[CI: 2939-000030-23]: relating to responsive behaviours
- Intake: #00094420-[CI: 2939-000031-23]: relating to fall prevention and management
- Intake: #00095070-[CI: 2939-000034-23]: relating to responsive behaviours
- Intake: #00095390-[CI: 2939-000035-23]: relating to responsive behaviours

The following intakes were completed in this inspection:

Intake #00090185 CI:2939-000021-23, Intake #00090703 CI:2939-000023-23, Intake

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#00091984 CI:2939-000024-23, Intake #00092212 CI:2939-000025-23, Intake#00093433  
CI:2939-000028-23, Intake #00093456 CI:2939-000029-23, Intake #00094454 CI:2939-  
000033-23, and Intake #00095542 CI:2939-000037-23 were related to responsive behaviours.

Intake #00095406 CI:2939-000036-23, was related to missing controlled substance.

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

- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

#### NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that a personal assistant services device (PASD) was provided to a resident as specified in the plan.

#### Rationale and Summary

Review of a resident's care plan indicated that staff must ensure appropriate PASD's are in use, as a means of falls intervention , as this resident is at high risk for falls.

A resident was observed on a specific date and time, being transferred to their room by staff without their PASD. The staff member was unable to locate the resident's PASD and stated that the resident did not require the use of a PASD.

A registered staff member confirmed that the care plan indicated that a PASD is used as a fall intervention for the resident. The registered staff member was unable to locate the resident's PASD on a specific date and time.

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The resident was observed by the inspector in the dining room with their PASD in place.

**Sources:** Resident care plan; observations and interviews with staff.

**Date Remedy Implemented:** Remedy implement on a specific date.

[000751]

Date Remedy Implemented: Remedy implement on a specific date.

### **WRITTEN NOTIFICATION: Falls Prevention and Management**

**NC # 002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 54 (1)

The licensee has failed to comply with their Resident Falls Prevention policy as evidenced by no Scott Falls Risk Assessment being completed on a resident after a fall.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee was required to ensure that staff followed the LTCH's Resident Falls Prevention Program policy.

Specifically, the home did not comply with the policy “Resident Falls Prevention Program” (policy # LTC-CA-WQ-200-07-08 revision dated: December 2017, June 2019, June 2022), which indicated a resident who had a fall with significant injury and or change in health status would have a Scott's Fall Risk Assessment initiated post fall.

#### **Rationale and Summary**

On a specific date, a resident had a fall with significant injury. Review of the resident's medical records show registered staff did not complete a Scott Falls Risk Assessment after the resident's fall.

During an interview, the management team confirmed the use of the LTCH's Resident Falls Prevention Program policy which is completed in point click care by registered staff. A management team member stated each resident will have a Scott Fall Risk Assessment completed on admission, and when a resident has a change in health status and/or a fall which results in significant injury.

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Impact or risk of impact to resident is identified due to failure to complete the Scott Fall Risk Assessment, staff reported resident as a high falls risk, and the Scott Falls Risk Assessment was completed several weeks after the fall occurred.

**Sources:** Critical Incident Report (CIR), Resident Records, Resident Falls Prevention Program policy, interviews with the staff and management team.

[000750]

### **WRITTEN NOTIFICATION: Behaviours and Altercations**

**NC # 003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 60 (a)

The licensee failed to comply with their Head Injury Routine (HIR) policy when a HIR was not completed for a resident after an altercation with another resident.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee was required to ensure that a procedure was implemented to assist residents who were harmed as a result of a resident's behaviours.

Specifically, the home did not comply with the policy "Head Injury Routine", dated July 2023, which indicated any resident who may have sustained a head injury would have a HIR initiated.

#### **Rationale and Summary**

The home submitted a Critical Incident Report (CIR), which outlined an altercation between two residents, where one resident caused another resident to have an injury requiring a HIR.

Review of the resident, who was injured, medical records did not indicate a HIR was completed.

During an interview with a management team member, they indicated the expectation would be that staff complete a HIR on any resident who sustains a head injury by any manner.

**Sources:** CIR, Resident records, HIR Policy and interview with a management team member.

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## WRITTEN NOTIFICATION: Additional Training — Direct Care Staff

### NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.

The licensee has failed to ensure that all staff who provide direct care to residents received annual falls prevention and management training.

#### Rationale and Summary

The long-term care home's falls prevention program was reviewed. The 2022 education records for all staff who provide direct care to residents were reviewed and it was noted that not all staff received their annual falls prevention and management training.

The Surge course completion for 2022 showed 62 of 79 staff completed the Falls Prevention Part 1: An introduction course, 15 of 55 staff completed the Falls Prevention course, and 65 of 99 staff completed the Slips and Falls course.

A management team member confirmed that not all staff completed their training and follow up was not completed for those staff members.

Failing to educate all staff on the falls prevention and management program puts the resident's safety at risk as the staff were not made aware of the most current falls prevention education.

**Sources:** SURGE 2022 Falls Prevention Course Completion, and interview with management team member.

[000751]