Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
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Bureau régional de services de Hamilton
119, rue King Ouest 11iém étage
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 11, 2020	2020_575214_0007	001789-20, 001861-20, 002577-20	Critical Incident System

Licensee/Titulaire de permis

United Mennonite Home for the Aged
4024 Twenty-Third Street Vineland ON L0R 2C0

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

United Mennonite Home
4024 Twenty-Third Street Vineland ON L0R 2C0

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

CATHY FEDIASH (214)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 25, 27, March 2, 4, 5, 2020.

Please note: This inspection was conducted simultaneously with Complaint Inspection #2020_575214_0008 / 000988-20, 001373-20.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED); Assistant Director of Care (ADOC); Resident Assessment Instrument (RAI) Wound/manager; Registered Nurse (RN); Registered Practical Nurse (RPN); Personal Support Worker (PSW) and residents.

During the course of the inspection, the inspector(s) reviewed the Critical Incident System (CIS) reports; resident clinical records; relevant policy and procedures; complaint log; relevant staff training records and program evaluations.

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

During the course of this inspection, Non-Compliances were issued.

1 WN(s)
0 VPC(s)
1 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	Légende 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. 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 a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, was conducted for resident #001, 002 and 003.

A) A review of CIS #2951-000002-20, indicated that on an identified date, resident #001 sustained a fall with identified injury.

A review of an identified assessment, conducted on the date of fall, identified information in relation to this fall; however, had not included the date or time of the fall; any contributing factors that may have led to the fall; or any interventions considered to minimize or prevent reoccurrence.

The home completes identified incident reports electronically. A review of this report, conducted on the date of the fall, included the date and time of the fall and contributing factors; however, had not identified any interventions considered to minimize or prevent reoccurrence. These incident reports contained a statement indicating the report had not been part of the medical record.

B) A review of CIS #2951-000003-20, indicated that on an identified date, resident #002 sustained a fall with injury.

A review of identified assessments, conducted on the date of fall, identified information in relation to this fall; however, had not included the date or time of the fall; any contributing factors that may have led to the fall; or any interventions considered to minimize or prevent reoccurrence.

The home completes identified incident reports electronically. A review of this report, conducted on the date of the fall, included the date and time of the fall and contributing factors; however, had not identified any interventions considered to minimize or prevent reoccurrence. These incident reports contained a statement indicating the report had not been part of the medical record.

C) A review of intake #001789-20, indicated a written complaint concerning the care of resident #003, including falls prevention, had been placed.

A review of resident #003’s progress notes, indicated that on an identified date the

resident sustained a fall with injury.

A review of identified assessments, conducted on the date of fall, identified information in relation to this fall; however, had not included the date or time of the fall; any contributing factors that may have led to the fall; or any interventions considered to minimize or prevent reoccurrence.

The home completes identified incident reports electronically. A review of this report, conducted on the date of the fall, included the date and time of the fall and contributing factors; however, had not identified any interventions considered to minimize or prevent reoccurrence. These incident reports contained a statement indicating the report had not been part of the medical record.

During an interview with the ADOC, it was confirmed a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, was not conducted for resident #001; 002 and 003, when they sustained a fall. [s. 49. (2)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 17th day of March, 2020

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

Original report signed by the inspector.

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	CATHY FEDIASH (214)
Inspection No. / No de l'inspection :	2020_575214_0007
Log No. / No de registre :	001789-20, 001861-20, 002577-20
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Mar 11, 2020
Licensee / Titulaire de permis :	United Mennonite Home for the Aged 4024 Twenty-Third Street, Vineland, ON, L0R-2C0
LTC Home / Foyer de SLD :	United Mennonite Home 4024 Twenty-Third Street, Vineland, ON, L0R-2C0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Walter Sguazzin

To United Mennonite Home for the Aged, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / No d'ordre : 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee must be compliant with Ontario Regulation 79/10, r.49(2).

Specifically, the licensee must:

•Develop a post-fall assessment that is clinically appropriate and specifically designed for falls.
•Ensure the licensee's falls prevention and management program reflects the use of the post fall assessment.
•Implement the post- fall assessment through training all staff who are required to complete a post-fall assessment. This training shall be documented.

Grounds / Motifs :

1. The licensee has failed to ensure that a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, was conducted for resident #001, 002 and 003.

A review of CIS #2951-000002-20, indicated that on an identified date, resident #001 sustained a fall with identified injury.

A review of an identified assessment, conducted on the date of fall, identified information in relation to this fall; however, had not included the date or time of the fall; any contributing factors that may have led to the fall; or any interventions considered to minimize or prevent reoccurrence.

The home completes identified incident reports electronically. A review of this

report, conducted on the date of the fall, included the date and time of the fall and contributing factors; however, had not identified any interventions considered to minimize or prevent reoccurrence. These incident reports contained a statement indicating the report had not been part of the medical record.

(214)

2. A review of CIS #2951-000003-20, indicated that on an identified date, resident #002 sustained a fall with injury.

A review of identified assessments, conducted on the date of fall, identified information in relation to this fall; however, had not included the date or time of the fall; any contributing factors that may have led to the fall; or any interventions considered to minimize or prevent reoccurrence.

The home completes identified incident reports electronically. A review of this report, conducted on the date of the fall, included the date and time of the fall and contributing factors; however, had not identified any interventions considered to minimize or prevent reoccurrence. These incident reports contained a statement indicating the report had not been part of the medical record.

(214)

3. A review of intake #001789-20, indicated a written complaint concerning the care of resident #003, including falls prevention, had been placed.

A review of resident #003's progress notes, indicated that on an identified date the resident sustained a fall with injury.

A review of identified assessments, conducted on the date of fall, identified information in relation to this fall; however, had not included the date or time of the fall; any contributing factors that may have led to the fall; or any interventions considered to minimize or prevent reoccurrence.

The home completes identified incident reports electronically. A review of this report, conducted on the date of the fall, included the date and time of the fall and contributing factors; however, had not identified any interventions considered to minimize or prevent reoccurrence. These incident reports contained a statement indicating the report had not been part of the medical record.

During an interview with the ADOC, it was confirmed a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, was not conducted for resident #001; 002 and 003, when they sustained a fall.

The severity of this issue was determined to be a level 3 as there was actual harm to the residents. The scope of the issue was a level 3 as it related to three out of three residents reviewed. The home had a level 2 history of previous non compliance to a different subsection.

Additionally, the Long Term Care home has a history of one other compliance order which has been complied with in the last 36 months. (214)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 03, 2020

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 11th day of March, 2020

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : CATHY FEDIASH

Service Area Office / Bureau régional de services : Hamilton Service Area Office