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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 19, 2021	2021_575214_0005	009545-20	Critical Incident System

Licensee/Titulaire de permis

Benevolent Society "Heidehof" for the Care of the Aged
600 Lake Street St Catherines ON L2N 4J4

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

Heidehof Long Term Care Home
600 Lake Street St Catherines ON L2N 4J4

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): March 9, 10, and 11, 2021.

At the onset of this Critical Incident System (CIS) Inspection the home was not experiencing a disease outbreak. As a result, the Infection Prevention and Control (IPAC) Observational Checklist (A2) - for long-term care homes not in a respiratory infection outbreak, was conducted.

The following intake was completed during this CIS inspection:

-Log #009545-20 - related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Administrator; Director of Care (DOC); Registered Nursing staff and Personal Support Workers (PSW).

During the course of the inspection, the inspector reviewed clinical health records; policies and procedures; Risk Management documentation and observed the provision of care.

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

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 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	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. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that a falls prevention and management program to reduce the incidence of falls and the risk of injury, was developed and implemented in the home.

A CIS report indicated that a resident had sustained a fall with injury and was transferred for treatment. An identified item was noted to be present at the time of the fall.

The licensee's fall policy directed that staff were to conduct a fall risk assessment at specified times using appendix E, a paper tool and determine the resident`s risk level as low or high. Staff were to initiate a plan of care on admission using appendix B, which was a guide for interventions/strategies to reduce the risk of falls and was specific to two different risk levels.

The policy directed staff that when a resident fell, the resident would be assessed regarding the nature of the fall, associated consequences, the cause of the fall and any post fall care management.

Staff were to document in the resident`s progress notes, the date and time of the incident, location of the incident, whether the fall was witnessed or un-witnessed, status of the resident, probable cause of the fall, resident outcomes and interventions taken to prevent further falls or related injury.

Staff were to then redo the fall risk assessment and complete appendix D, a paper tool for possible causes of the fall, review the fall prevention interventions and modify the plan of care with the interdisciplinary team.

The policy also contained the following written appendix:

-Appendix A: A flow chart used for resident's who were identified as a high risk for falling.

Review of the resident's clinical records indicated the following:

a) Prior to this Critical Incident (CI) report, there were two incidents for which an electronic fall risk assessment was completed and identified the resident with a risk level that was not listed in appendix B. The DOC confirmed appendix B was to be used each time a fall risk assessment was conducted, and not just on admission, as stated in the home`s policy and that this appendix had not provided any interventions/strategies for the resident`s identified risk level. They confirmed the paper fall risk assessment-appendix E, was no longer in use and was replaced by an electronic assessment and that the home`s policy had not identified this change in assessments.

b) Progress note for the CI indicated an identified item was present at the time of the fall; however, had not identified how this item may have been related or any other possible cause(s) of the fall, and had not included any interventions to prevent further falls or related injury.

The fall was observed to also have been documented in a specified area within the PCC system. Three factors were identified that may have contributed to the fall; however, this system had not allowed the assessor to identify and document interventions or strategies to be implemented. This system contained a statement that information in this system, was not part of the resident`s clinical record.

The DOC confirmed the resident`s progress note had not contained any interventions or strategies to be implemented.

They indicated they were not aware of the identified restrictions to the specific area within the PCC system and that the home`s policy had not provided direction related to the use of this system.

c) An electronic post fall assessment was completed in PCC. The assessment allowed the assessor to document the date of the fall, whether or not three specific interventions were in place and comment on three other identified areas. The assessment had not contained an area for the assessor to identify the time of the fall, nature of the fall, any associated consequences or factors that may have contributed to the fall or any other post fall care management needs. Appendix D, used to identify possible causes for a fall, was not located in the resident`s clinical records.

The DOC confirmed the electronic post fall assessment limited the assessor with documenting specific information regarding the fall. They were unsure what best practices the assessment had been based upon to ensure that it was a clinically appropriate assessment instrument that was specifically designed for falls.

They indicated the paper appendix D tool, used for a post fall screen was no longer used as it had been replaced by the electronic post fall assessment in PCC. They confirmed the home’s written policy had not identified this change in assessments.

d) A staff member identified two specified interventions the home used to identify resident`s who were at risk for falling.

The DOC confirmed these interventions along with a third intervention were in place. They confirmed the home’s written policy had not identified these interventions, including their purpose or how to manage these system to ensure they remained current and accurate.

Regarding Appendix A, the DOC indicated this appendix was a flow chart used for resident’s who were identified with a specified risk for falling and confirmed the home’s written policy had not contained directions for using Appendix A.

The Administrator and DOC confirmed the home`s fall policy, identified above, was the only document contained in the home’s Fall Prevention and Management Program and that the fall program had not been fully developed.

When the fall prevention and management program is not fully developed, there is a risk of not providing direction to staff who are responsible to participate in the program and as a result, places the resident at risk of not being fully assessed, interventions appropriate to their needs implemented, effectiveness of interventions monitored and an effective plan of care for fall prevention and management established.

Sources: critical incident system (CIS) report, home's Fall Prevention and Management Policy, resident`s progress notes, fall assessments, Risk Management records and an interviews with the nurse and other staff. [s. 48. (1) 1.]

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 a falls prevention and management program to reduce the incidence of falls and the risk of injury, is developed and implemented in the home, 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 failed to ensure that a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, was conducted for a resident.

A CIS report indicated that a resident had sustained a fall with injury and was transferred for treatment. An identified item was noted to be present at the time of the fall.

An electronic post fall assessment was completed in PCC. The assessment allowed the assessor to document the date of the fall, whether or not three specific interventions were in place and comment on three other identified areas. The assessment had not contained an area for the assessor to identify the time of the fall, nature of the fall, any associated consequences or factors that may have contributed to the fall or any other post fall care management needs.

The DOC confirmed the electronic assessment had not contained the information identified above and were unsure what best practices the assessment had been based upon to ensure that it was a clinically appropriate assessment instrument that was specifically designed for falls.

When the post-fall assessment is not a clinically appropriate assessment instrument, specifically designed for falls, this has the potential of not identifying causative factors that may have contributed to the fall, identifying and implementing appropriate interventions and places the resident at risk for further falls and injury.

Sources: critical incident system (CIS) report, resident's electronic fall assessments, Risk Management records and interviews with the Administrator and DOC. [s. 49. (2)]

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 a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, is conducted, when the condition or circumstances of the resident require, to be implemented voluntarily.

Issued on this 7th day of April, 2021

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

Original report signed by the inspector.