

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
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Original Public Report

Report Issue Date: January 25, 2023	
Inspection Number: 2022-1447-0003	
Inspection Type: Critical Incident System	
Licensee: AXR Operating (National) LP, by its general partners	
Long Term Care Home and City: McGarrell Place, London	
Lead Inspector Karen Honey (740899)	Inspector Digital Signature
Additional Inspector(s) Cheryl McFadden (745)	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s): January 3, 4, 5, 9, 10, 11, 12, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00012157 Critical Incident (CI) 2964-000059-22 related to missing medication Intake: #00012700 Critical Incident (CI) 2969-000041-22 related to abuse and neglect Intake: #00014934 Critical Incident (CI) 2964-000065-22 related to falls <p>The following intake(s) were completed in this inspection:</p> <p>Intake: #00005570-[CI: 2964-000042-22], Intake #00006921- [CI: 2964-000050-22], Intake # 00011040- [CI: 2964-00005570-22], Intake: #00014019-IL-07491-AH/2964-000062-22: related to falls with injury.</p>

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls Prevention and Management

NC # 001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 53 (1) 1.

The licensee failed to comply with the procedure to follow the Head Injury Routine (HIR) when a resident fell .

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure the falls and prevention management program was in place and ensure that it was complied with. Specifically, staff did not comply with the Fall Prevention and Injury Reduction Policy (Reviewed March 31, 2022), which is part of the licensee’s falls prevention management program.

A resident had a witnessed fall where they attempted to walk without assistance. The resident lost their balance and fell, striking their head causing a head wound.

Number six, under the Falls Prevention and Injury Reduction Policy, dated March 31, 2022, “A head injury routine” is listed as a procedure. According to the Post Fall Management Checklist, “if a resident is witnessed hitting his/her head during a fall, the Head Injury Routine is initiated and Neuro-vitals are monitored for 72 hour and documentation is completed in the Interdisciplinary Progress Notes”

During a review of the resident’s chart, a Neurological Flow sheet for their fall, was found in the resident’s chart under assessments with missing documentation for twenty-four hours.

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Interviews with acting Falls Lead/RAI Coordinator/RPN and Executive Director acknowledged that the Head Injury Routine (HIR) is required and that a Neurological Flowsheet should be completed for seventy-two hours.

There was increased risk the resident who had sustained a head injury as a result of their fall, as they may have had worsening or new neurological issues that went unnoticed for approximately twenty-four hours.

Sources: Resident progress notes and paper chart; Fall Prevention and Injury Reduction Program, (Revised March 31, 2022); interviews with acting Falls Lead #108, Executive Director and others.

[740899]

WRITTEN NOTIFICATION: Security of Drug Supply

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

Non-compliance with: O.Reg. 246/22, s. 139 3.

The home submitted a Critical Incident report relating to a resident who was missing a narcotic medication from the as is needed (PRN) medication card.

There was a progress note which documented that there was a missing medication for the resident.

The home's procedure for Narcotics and Controlled Drugs Management included A Monthly Narcotic Audit of Count Sheets shall be undertaken of the Individual Narcotic and Controlled Drug Count Sheets to determine if there are any discrepancies.

Registered staff stated that narcotic audits were to be completed each month and they were not always completed.

Director of Care and Executive Director stated the job routine for registered staff included a task to complete a Monthly Narcotic Audit of Count Sheets. They also confirmed that in 2022, no narcotic audits of count sheets had been completed in all home areas over periods of time, and those audits should have been completed.

Sources: Health records for resident, home's procedure for Narcotics and



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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Controlled Drugs Management CARE13-020.02_ON, last reviewed March 31, 2022, Monthly Narcotic and Controlled Substances Audit of Count Sheets records and interviews with RPN, RN DOC and ED.
(745)