Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Mar 12, 13, 14, 16, 19, 20, 21, 2012	2012_078202_0004	Critical Incident

Licensee/Titulaire de permis

THE MENNONITE HOME ASSOCIATION OF YORK COUNTY
123 Weldon Road, Stouffville, ON, L4A-0G8

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

PARKVIEW HOME LONG-TERM CARE
123 Weldon Road, Stouffville, ON, L4A-0G8

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

VALERIE JOHNSTON (202)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Administrator/Resident Care, Registered Nurses, Registered Practical Nurses and Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed resident health records, home policies related to Falls Management, observed resident care.

The following Inspection Protocols were used during this inspection:

Falls Prevention

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 subsections:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. Resident A with a history of falls fell on September 30, 2011. Resident A was not reassessed and the care plan revised. Resident A had a further fall on October 3, 2011 and was not reassessed.
Resident A was transferred to hospital for further assessment on October 11, 2011 returning to the home with a diagnosis of frontal temporal subarachnoid hemorrhage with associated small intraparenchymal hemorrages. This resident also has an associated, non-displaced parasagittal fracture through the right frontal bone.[s.6.(10(b)]

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 resident is reassessed and the plan of care reviewed and revised when the resident's care needs change or care set out in the plan is no longer necessary, 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 subsections:

s. 49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 49 (1).

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's Fall Prevention Program Policy #RC-02-26 dated January 2010 considers residents to be at high risk for falls with a Tinetti Score (balance and gait) of 18 or less. The Fall Prevention Program Policy #RC-02-26 does not contain reference to the monitoring of residents by a clinically appropriated post-fall assessment instrument.
Staff interviews confirmed a lack of any clinically appropriate post fall assessment tool.[r.49.(1)]

Resident A's care plan identifies this resident as a high risk for falls based on Tinetti score of 18. Through clinical record review and staff interview it was confirmed that a post-fall assessment was not completed for resident A for falls sustained on June 6, 2011, June 17, 2011, July 28, 2011, July 30, 2011, August 6, 2011, August 12, 2011, August 30, 2011, September 22, 2011, September 30, 2011 and October 3, 2011.
Interviews with staff confirmed that the home was actually unaware of the exact date that resident A sustained injuries resulting in transfer to hospital on October 11, 2011.[r.49.(2)]

The physician assessed resident A on October 7, 2011 noting that this resident had not ambulated for a week. On October 11, 2011 the physician assessed resident A ordered her to be further assessed at the hospital due to her overall change in status and was sent the afternoon of October 11, 2011.
Resident A returned back from the hospital in the evening of October 11, 2011 with the following diagnosis: frontal temporal subarachnoid hemorrhage with associated small intraparenchymal hemorrages. The resident also has an associated, non-displaced parasagittal fracture through the right frontal bone.
2. A review of the clinical records for resident B who fell February 15, 2012 and resident C who fell March 02, 2012 both identified as being high risk for falls did not include a post-fall assessment.[r.49(2)]

It was confirmed by the Assistant Administrator/Resident Care that the home does not currently use a post-fall assessment instrument. The Assistant Administrator/Resident Care stated that a post-fall assessment tool has been developed, however it has not been implemented in the home.

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 and management program includes monitoring of residents and that when a resident has fallen, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

Issued on this 22nd day of March, 2012

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