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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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
Apr 22, 23, 2021	2021_678590_0008	018548-20, 024597-20	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Aspen Lake
9855 McHugh Street Windsor ON N8P 0A6

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

ALICIA MARLATT (590), DEBRA CHURCHER (670)

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 22 - 25, 2021.

The following intakes were inspected concurrently during this Critical Incident System (CIS) Inspection:

Log #024597-20/CIS #3037-000037-20 was related to falls prevention and management;

Log #018548-20 was a Follow Up inspection for Compliance Order #001 from Inspection # 2020_797740_0019 with a Compliance Due Date (CDD) of January 29, 2021, and was related to prevention of abuse and neglect.

During the course of the inspection, the inspector(s) spoke with the Acting Director of Nursing Care, two Associate Director's of Nursing Care, one Neighbourhood Coordinator, one Office Manager, one Registered Nurse, two Registered Practical Nurses and one Personal Support Worker.

During the course of the inspection, the inspector(s) observed infection prevention and control practices and reviewed three residents' clinical records, relevant home policies and procedures and records related to staff education.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 23. (1)	CO #001	2020_797740_0019	670

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Fall Prevention and Management Policy Tab 06-02, last reviewed April 8, 2020 stated, “Initiate the Head Injury routine (see Nursing Policies and Procedures, Tab 04-37) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury”.

Head Injury Routine (HIR) Policy Tab 04-37, last reviewed January 21, 2020, stated that “Villages using Point Click Care (PCC) will use the Head Injury Routine form located within the nursing software, following the time frames indicated on the electronic form”.

PCC HIR Schedule showed that the HIR assessments should be completed every thirty minutes for four assessments then every hour for three assessments, then every two hours for three assessments and then every four hours for one assessment.

A) The Long-Term Care Home (LTCH) submitted a Critical Incident Report to the Ministry of Long-Term Care related to resident #001 experiencing an unwitnessed fall which

resulted in a transfer to the hospital and subsequent return to the home with a change in their health status.

Review of resident #001's clinical record showed that resident #001 experienced three unwitnessed falls within a three month period. With each of these falls a HIR was implemented for resident #001, however none had been completed as required.

B) Review of resident #004's clinical record showed that resident #004 also experienced an unwitnessed fall. A HIR was implemented and resident #004 was due for HIR assessments at 0200 hours, 0230 hours, 0330 hours, 0430 hours and 0530 hours that were not completed. Staff documented that the resident refused, the resident was asleep, comfortable, regular breathing and no concerns for all of the HIR assessments that were not completed.

The Inspector reviewed resident #004's HIR from their unwitnessed fall with Associate Director of Nursing Care (ADNC) #101. ADNC #101 acknowledged that multiple assessments on the night shift had not been completed, that it was the expectation that HIR assessments would have been completed as per the HIR schedule and the resident sleeping was not an acceptable reason to not complete the assessment.

Resident #001's HIR assessments were reviewed with Acting Director of Nursing Care (ADNC) #100 who acknowledged that the HIR was not always completed and was not always completed at the required times. ADNC #100 acknowledged that the HIR should be done every half hour for four assessments, then every one hour for three assessments, then every two hours for three assessments, then every 4 hours for one assessment.

The homes failure to follow their policy related to completing Head Injury Routines for any unwitnessed falls placed resident #001 and resident #004 at risk for complications related to potential undiagnosed head injury.

Sources: Resident #001 and #004's clinical records, interviews with ADNC #100 and ADNC #101, a CIS report and the LTCH's Fall Prevention and Management Policy and Head Injury Routine Policy. [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

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

Issued on this 10th day of May, 2021

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) :	ALICIA MARLATT (590), DEBRA CHURCHER (670)
Inspection No. / No de l'inspection :	2021_678590_0008
Log No. / No de registre :	018548-20, 024597-20
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Apr 22, 23, 2021
Licensee / Titulaire de permis :	Schlegel Villages Inc. 325 Max Becker Drive, Suite. 201, Kitchener, ON, N2E-4H5
LTC Home / Foyer de SLD :	The Village of Aspen Lake 9855 McHugh Street, Windsor, ON, N8P-0A6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Dana Houle

To Schlegel Villages Inc., you are hereby required to comply with the following order (s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10 r. 8.(1). (a). (b).

Specifically, the licensee must;

A) Ensure that the home's policies Fall Prevention Management and Head Injury Routine (HIR) is implemented and complied with, after each fall experienced by resident #004 and any other resident.

B) The licensee must ensure that all Registered Nurses and Practical Nurses receive re-training related to the home's policies, that includes training related to the purpose of conducting HIR assessments and what is included in a HIR assessment.

C) The licensee must keep a record related to the training that indicates the staff members that received the training, the content of the training and the date the training was completed by each staff member.

Grounds / Motifs :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O. Reg. 48 (1) 1. states: "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in

the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

Fall Prevention and Management Policy Tab 06-02, last reviewed April 8, 2020 stated, "Initiate the Head Injury routine (see Nursing Policies and Procedures, Tab 04-37) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury".

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PCC HIR Schedule showed that the HIR assessments should be completed every thirty minutes for four assessments then every hour for three assessments, then every two hours for three assessments and then every four hours for one assessment.

A) The Long-Term Care Home (LTCH) submitted a Critical Incident Report to the Ministry of Long-Term Care related to resident #001 experiencing an unwitnessed fall which resulted in a transfer to the hospital and subsequent return to the home with a change in their health status.

Review of resident #001's clinical record showed that resident #001 experienced three unwitnessed falls within a three month period. With each of these falls a HIR was implemented for resident #001, however none had been completed as required.

B) Review of resident #004's clinical record showed that resident #004 also experienced an unwitnessed fall. A HIR was implemented and resident #004 was due for HIR assessments at 0200 hours, 0230 hours, 0330 hours, 0430 hours and 0530 hours that were not completed. Staff documented that the resident refused, the resident was asleep, comfortable, regular breathing and no concerns for all of the HIR assessments that were not completed.

The Inspector reviewed resident #004's HIR from their unwitnessed fall with Associate Director of Nursing Care (ADNC) #101. ADNC #101 acknowledged

that multiple assessments on the night shift had not been completed, that it was the expectation that HIR assessments would have been completed as per the HIR schedule and the resident sleeping was not an acceptable reason to not complete the assessment.

Resident #001's HIR assessments were reviewed with Acting Director of Nursing Care (ADNC) #100 who acknowledged that the HIR was not always completed and was not always completed at the required times. ADNC #100 acknowledged that the HIR should be done every half hour for four assessments, then every one hour for three assessments, then every two hours for three assessments, then every 4 hours for one assessment.

The homes failure to follow their policy related to completing Head Injury Routines for any unwitnessed falls placed resident #001 and resident #004 at risk for complications related to potential undiagnosed head injury.

Sources: Resident #001 and #004's clinical records, interviews with ADNC #100 and ADNC #101, a CIS report and the LTCH's Fall Prevention and Management Policy and Head Injury Routine Policy.

An order was made by taking the following factors into account:

Severity: The homes failure to follow their policy related to completing Head Injury Routines for any unwitnessed falls placed resident #001 and resident #004 at risk for complications related to potential undiagnosed head injury.

Scope: The scope of this non-compliance was identified as a pattern, because two of the three residents' reviewed whom all experienced falls, had missing HIR assessments and documentation.

Compliance History: Non-compliances have been issued to the home related to different sections of the legislation in the past 36 months.
(670)

This order must be complied with by / Vous devez vous conformer à cet ordre d’ici le : May 21, 2021

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 23rd day of April, 2021

Signature of Inspector / Signature de l’inspecteur :

Name of Inspector / Nom de l’inspecteur : Alicia Marlatt

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