

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Jan 28, 2020	2020_607523_0007	000738-20, 000986-20	Complaint

Licensee/Titulaire de permis

CVH (No. 8) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.)

766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

Queensway Long Term Care Home

100 Queen Street East P.O. Box 369 HENSALL ON N0M 1X0

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

ALI NASSER (523)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 20 and 21, 2020.

This Inspection was completed for Critical Incident Intake Log #000738-20, CIS #0933-000004-20 related to a resident's fall and injury, and for Complaint Intake Log #000986-20 related to specific care concerns.

This was completed concurrently with inspection for Critical Incident Intake Log #000532-20, CIS #0933-000003-20 related a heating system breakdown.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), a Restorative Care staff member, a Maintenance staff member, four Personal Support Workers (PSW), two Registered staff members and two residents.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

The licensee has failed to ensure that staff and others involved in the different aspects of care collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.

The home submitted a Critical Incident System (CIS) report on a certain date, the CIS indicated that on a specific date a specific resident had a fall that resulted in an injury.

The Ministry of Long-Term Care received a complaint on certain date related to multiple care concerns. The complainant indicated that the resident had multiple falls.

A clinical record review for a specific resident showed that the resident was admitted to the home on certain date. The resident had a specific number of falls from that date.

A clinical record review for the resident showed that after admission two different assessments were completed by different staff members that had a different fall risk level.

The Director of Care said that the expectation was for the staff involved in the different aspects of resident care to collaborate with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other.

The licensee has failed to ensure that the assessments were consistent and complemented each other. [s. 6. (4) (a)]

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 staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other., to be implemented voluntarily.

WN #2: 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 :

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

The home submitted a Critical Incident System (CIS) report on a certain date, the CIS indicated that on a specific date a specific resident had a fall that resulted in an injury.

The Ministry of Long-Term Care received a complaint on certain date related to multiple care concerns. The complainant indicated that the resident had multiple falls.

In accordance with O. Reg. 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.

Specifically, staff did not comply with the licensee's policy Falls Prevention and Management Program, RC-15-01-01, last updated August 2019.

The policy stated "Screen all residents on admission or with a change in condition that could potentially increase the resident's risk of falls/fall injury. See Fall Risk Assessment (AB, SK, ON), Appendix 2 or Fall Risk Assessment (MB), Appendix 3, depending on your region".

In an interview a specific RN said that the home's process was to complete a Fall Risk Assessment for residents upon admission and after each fall.

A clinical record review for the resident with the RN showed that the resident had specific number of falls since admission. The review showed that a Scott Fall Risk Assessment was completed upon admission. There were no other Fall Risk Assessments completed after each fall.

In an interview the Restorative Care Nurse said that it was the expectation to complete a Fall Risk Assessment upon admission and after each fall as per the home's policy. They reviewed the resident's clinical record with inspector and said there was no documentation that the Fall Risk Assessment was completed after each fall.

In an interview the DOC said that the staff did not comply with the home's policy as there was no Fall Risk Assessment completed after each fall.

DOC said that the expectation was for the staff to comply with the home's policy.

The licensee has failed to ensure that the home's Falls Prevention and Management Program policy was complied with. [s. 8. (1) (a),s. 8. (1) (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with, to be implemented voluntarily.

Issued on this 7th day of February, 2020

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

Original report signed by the inspector.