

## Original Public Report

**Report Issue Date** June 9, 2022  
**Inspection Number** 2022\_1588\_0001  
**Inspection Type**  
☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☒ Director Order Follow-up  
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy  
☐ Other \_\_\_\_\_

### Licensee

The Corporation of the County of Elgin Municipal Homes

### Long-Term Care Home and City

Terrace Lodge, Aylmer

### Lead Inspector

Samantha Perry #740

Inspector Digital Signature

### Additional Inspector(s)

Donna Tierney #569

Christie Birch #740898

## INSPECTION SUMMARY

The inspection occurred on the following date(s): June 06 and 07, 2022.

The following intake(s) were inspected:

- #009038-22 Follow-Up inspection related to Director Order #001 from inspection # 2022\_678577\_0001 related to the prevention of resident abuse.
- #009132-22 / CIS # M583-000016-22) related to falls.

### Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007	s. 19	2022_678577_0001	001	Samantha Perry #740

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- 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.54.(2).**

The licensee has failed to ensure that when resident #001 had a fall, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

##### **Rationale and Summary**

Resident #001 had an unwitnessed fall, resulting in hospitalization.

Review of resident #001's clinical records showed no Post Fall Screen was completed for the fall incident.

The home's Falls Prevention and Management policy and the Falls Checklist both identify that a Post Fall Screen for Resident and Environmental Factors be completed after every resident fall.

The Director of Care (DOC) #100 stated, it is the home's expectation that a Post Fall Screen be completed for each resident within 24 hours of a fall.

**Sources:** resident #001 clinical records, Falls Prevention and Management policy and Falls Checklist; interviews with the DOC #100, RCC #107, and other staff; observations of resident #001 and their environment.