Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de 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

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 2, 2017	2017_580568_0023	022844-17	Resident Quality Inspection

Licensee/Titulaire de permis

PeopleCare Not-For-Profit Homes Inc.
650 Riverbend Drive Suite D KITCHENER ON N2K 3S2

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

PeopleCare A.R Goudie Kitchener
369 FREDERICK STREET KITCHENER ON N2H 2P1

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

DOROTHY GINTHER (568), SHARON PERRY (155), SHERRI COOK (633)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): October 11, 12, 13, 16, and 17, 2017

Critical Incident log #011937-1, related to medication, and log #021564-17 related to falls, were completed in conjunction with the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Administrator, Director of Nursing, Director of Resident Care, Director of Resident Quality Outcomes, Director of Programs, Director of Food Services, Recreation Coordinator, four Registered Practical Nurses, four Personal Support Workers, Residents' Council representative, Family Council representative, families and residents.

The inspectors also toured the home, observed medication administration, medication storage; reviewed relevant clinical records, policies and procedures, meeting minutes, investigation notes, schedules, posting of required information; observed the provision of resident care, resident and staff interactions, and observed the general maintenance, cleanliness, safety and condition of the home.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.

The home's policy titled "Head Injury" reference no. 005200.00, last reviewed June 2017 stated that all un-witnessed resident falls would be assessed for a potential head injury. Assessments were to be documented on the Head Injury Routine (HIR) form. The policy also contained a final statement that read, "following an un-witnessed fall and subsequent assessment, if the resident has sustained no injuries and the resident's level of consciousness and vital signs were within the resident's normal limits, repeat assessment of the resident's level of consciousness, blood pressure, pulse, respirations and pupillary reaction within 30 minutes and again at 60 minutes. If normal for the resident, the HIR does not have to be completed."

During an interview with a Registered Practical Nurse (RPN) they told the inspector that a HIR would be completed with any fall that was un-witnessed or if the resident sustained any potential head trauma. When asked where this would be documented, the RPN said that it would either be in the progress notes on Point Click Care (PCC) or in paper form on the resident's chart.

a) During stage one of the Resident Quality Inspection (RQI), it was identified during a staff interview that a resident had an un-witnessed fall.

Record review did not find evidence of progress notes in PCC related to the completion of a HIR at 30 and 60 minutes post fall and there was no completed HIR form found on the resident's paper chart.

The Director of Resident Care (DORC) / Falls Lead shared that the process for completion of a HIR post fall depends on a number of factors. If the fall was witnessed and there was potential for head injury then it was the home's expectation that the registered staff complete the full HIR form which was paper based. This would require monitoring regularly over the first few days. If the fall was not witnessed and there was no injury based on assessment, then the staff don't have to complete the full HIR form. They would monitor the resident for the first two hours and document a head injury progress note at 30 minutes and 60 minutes post fall. Upon review of the identified resident's un-witnessed fall, the DORC acknowledged that there were no head injury progress notes for this fall. The DORC stated that there should have been a progress note at 30 and 60 minutes post-fall. (568)

b) During stage one of the RQI, it was identified during a staff interview that a resident had an un-witnessed fall.

In interviews with a RPN, Director of Resident Quality Outcomes and DORC they reviewed the clinical record and progress notes in PCC for the identified resident and agreed that a HIR should have been completed for the resident when they fell and it was not. (633)

The licensee has failed to ensure that the HIR policy / procedure 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 27th day of November, 2017

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

Original report signed by the inspector.