

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137  
hamiltondistrict.mltc@ontario.ca

**Original Public Report**

<b>Report Issue Date:</b> January 3, 2023	
<b>Inspection Number:</b> 2022-1375-0001	
<b>Inspection Type:</b> Follow up Critical Incident System	
<b>Licensee:</b> Chippawa Creek Care Centre Ltd.	
<b>Long Term Care Home and City:</b> Bella Senior Care Residences, Niagara Falls	
<b>Lead Inspector</b> Cathy Fediash (214)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

**INSPECTION SUMMARY**

<p>The Inspection occurred on the following date(s): December 13, 14, 16, 19, and 20, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00004743 (Follow-up) related to skin and wound care.</li> <li>• Intake: #00013728 (Critical Incident System-2890-000035-22) related to falls prevention and management.</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Skin and Wound Prevention and Management
- Falls Prevention and Management

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**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
O. Reg. 79/10	s. 50 (2)	2022_982682_0003	001	Cathy Fediash #214

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Directive by Minister-Binding on Licensees

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee failed to ensure that they carried out the Minister’s policy directive regarding Public Health Ontario (PHO) COVID-19: Self-Assessment Audit Tool for Long-term Care Homes, which directed homes to conduct the audit tool every two weeks, when not in outbreak.

As per the COVID-19 guidance document for long-term care homes in Ontario, updated October 14, 2022, homes were required to complete Infection Prevention and Control (IPAC) audits every two weeks, and when in outbreak, to complete the audits weekly.

The document indicated that at minimum, homes must have included in their audit the PHO’s COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes and reminded homes of the need to rotate these audits across shift, including evenings and weekends. The audits were to be kept for at least 30 days and shared with inspectors from the public health unit, Ministry of Labour, Immigration, Training and Skills Development, and Ministry of Long-Term Care, upon request.

Interviews and critical incident reports indicated the Self-Assessment audits had been conducted weekly during an identified outbreak; however, once the outbreak was declared over, they had not been conducted again, until three weeks later, when a resident was identified to be positive for an infectious disease.

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During an interview with the IPAC lead, they indicated they had not completed the tool every two weeks when the home was not in outbreak, as they had been informed the tool was only to be completed during outbreaks.

When the PHO COVID-19: Self-Assessment Audit Tool for Long-term Care Homes is not completed as directed, this has the potential for home's to not adequately assess and monitor the implementation and ongoing adherences of their IPAC practices.

Sources: COVID-19 guidance document for long-term care home's in Ontario, home's COVID-19: Self-Assessment Audit Tool for Long-term Care Homes; and an interview with the IPAC lead.

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## **WRITTEN NOTIFICATION: Falls Prevention and Management**

### **NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O.Reg. 246/22, s. 54 (2)

The licensee failed to ensure that a post fall assessment was conducted using a clinically appropriate assessment instrument specifically designed for falls, when a resident sustained falls, with injury.

The resident had sustained an unwitnessed fall, resulting in injury and passed away the following day.

The critical incident report and clinical records indicated the resident had sustained three prior falls with injury, over a 10-day period, preceding this last fall.

A review of the licensee's Fall Prevention and Management Program indicated staff were to hold a Post Falls Huddle as soon as possible, ideally within the hour and complete a post fall assessment.

Interviews confirmed the post fall assessment, was an electronic assessment in Point Click Care (PCC).

The home's investigative notes included audits that had been conducted for all four of the resident's falls and indicated that post fall assessments had not been conducted for two of the falls the resident sustained.

Review of the resident's PCC assessments indicated a post fall assessment had not been conducted for these two falls.

For the other two falls, the post fall assessment had been initiated; however, had not been fully completed. The assessments asked the assessor to describe how the fall may have been prevented and

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the response was that safety precautions had been in place. No documentation was included that identified what the safety precautions entailed, or if they had been effective in the falls. The assessment asked the assessor what the follow up plan and/or recommendations were, and this area was observed to have contained no documentation and was blank.

An interview with the Director of Care (DOC) confirmed no post fall assessments had been conducted for two of the residents falls, and while the assessment had been initiated for the other two falls, it had not been completed in full.

When a clinically appropriate assessment instrument, specifically designed for falls, is not conducted, or completed, key information including contributing factors, effectiveness of interventions in place and interventions to consider for implementation for future fall management are missed and have the potential to result in further falls with harm.

Sources: critical incident system (CIS) report, resident's progress notes, assessments, Licensee's policy, "Falls Prevention and Management Program" (policy RC-15-01-01, last revised January 2022), home's investigative notes, and interview with the DOC, and other staff. [214]



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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