

**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

**Original Public Report**

<b>Report Issue Date:</b> December 28, 2023	
<b>Inspection Number:</b> 2023-1375-0004	
<b>Inspection Type:</b> Complaint Critical Incident	
<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> Brittany Wood (000763)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Lillian Akapong (741771)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s):  
November 23-24, 2023  
November 27-29, 2023

The following intake(s) was inspected in the Critical Incident (CI) section:  
Intake #00100864/CI #2890-000017-23 related to a fall with injury.

The following intake(s) were completed in this inspection:  
Intake: #00086601/CI#2890-000006-23; Intake: #00090234/CI#2890-000008-23 and Intake#00099119/CI#2890-000016-23 were related to falls prevention and management.

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The following intake was completed in the compliant section:  
Intake: #00099400 related to resident services and care.

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

Resident Care and Support Services  
Infection Prevention and Control  
Staffing, Training and Care Standards  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

#### **Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

Duty of licensee to comply with plan

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

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**Rationale and Summary**

A resident indicated in their plan of care as high risk for falling. The home's fall prevention and management program included a falls intervention for residents' who were high risk for falls.

An observation was made that no falls intervention was present for the resident. A staff confirmed that the falls intervention was not present for the resident.

**Sources:** A resident's clinical records, homes fall prevention and management policy, interview with staff and observations. **[000763]**

**Date Remedy Implemented:** November 27, 2023

**WRITTEN NOTIFICATION: Plan of care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

Duty of licensee to comply with plan

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

**Rationale and Summary**

A resident's plan of care had instructions to decrease their risk of injury related to falls. During an observation, a staff confirmed that the resident's fall intervention was not being used and that it should have been.

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Failure to ensure that the care set out in the plan of care for the resident led to an increased risk to the resident's safety.

**Sources:** Interview with staff and a resident clinical records. [000763]

**WRITTEN NOTIFICATION: Policies and Records**

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

**Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)**

Policies, etc., to be followed, and records

s. 11 (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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, (b) is complied with.

The licensee has failed to comply with their Substance Abuse policy when a staff came to work and performed their duties while impaired.

**Rationale and Summary**

The home's Policy titled, Observing and Reporting Suspected Substance Abuse states that the home will not tolerate consumption or possession of non-prescription drugs or alcohol by employees, volunteers, or external contractors while on duty or on company property or impairment by any means while on duty.

A staff went to work while impaired and several staff had observed the staff to have appeared unlike their usual self. As per investigation notes, a staff acknowledged that they could not continue to perform their duties as they were impaired.

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During an interview a staff acknowledged that the staff working while impaired compromised the resident's safety.

The staff not following the home's Substance Abuse policy by working while impaired, put the resident's safety at risk.

**Sources:** Interview with staff, record review, investigation notes. **(741771)**

**WRITTEN NOTIFICATION: General Requirements for Programs**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that a written record relating to the falls prevention and management program review and included a summary of the changes made and the date that those changes were implemented.

**Rationale and Summary**

The home's program evaluation for Falls Prevention and Management for 2022 indicated the changes to the home's program but did not include dates the changes were implemented.

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Staff acknowledged that the program evaluation did not include the dates the changes were implemented.

**Sources:** Fall prevention and management evaluation 2022 and interview with staff.  
**[000763]**