



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 16, Mar 19, 20, 21, 22, 26, 27, 2012	2012_138151_0004	Critical Incident

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF PARRY SOUND WEST
21 Belvedere Avenue, PARRY SOUND, ON, P2A-2A2

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

BELVEDERE HEIGHTS
21 BELVEDERE AVENUE, PARRY SOUND, ON, P2A-2A2

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with - Administrator, Director of Care, Assistant Director of Care, Registered Staff, RAI/MDS Coordinator, Residents, Families/visitors

During the course of the inspection, the inspector(s) - made direct observations of the delivery of care and services to residents.

- did daily environmental walk-through of the home
- reviewed resident health care records
- reviewed policies and procedures manuals,
- reviewed the home's programs in regards to fall prevention and responsive behaviour management,
- reviewed the home's policy on abuse

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

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

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.

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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. 49. Falls prevention and management
Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. **** A Resident had a fall resulting in transfer to hospital.

No Post fall assessment was found in the resident's health record for the period immediately after the fall. No Falls Risk Assessment is found until one month past the fall.

The home did document the fall on a separate, internal and generic incident report that is not specifically designed for falls

The home's policy: FALLS PREVENTION AND MANAGEMENT: NR G 533, page 4 directs staff: "When a resident has fallen, the resident will be assessed regarding the nature of the fall and associated consequences, the cause of the fall and the post fall care management needs". The internal incident report currently being used by the home does not meet this requirement.

Further, Page 5, #10 directs staff to: " Redo the "Fall Risk Assessment" and complete a "Post Fall Screen" for Resident/Environmental Factors (Appendix D) form , review the fall prevention strategies and modify the plan of care in collaboration with interdisciplinary team." For this resident, this was not done until one month past the fall.

The resident had fall and did not receive a timely post-fall assessment using a clinically appropriate assessment instrument that is specifically designed for falls. [O.Reg.79/10, s.49. (2)].

2. **** A second resident had a fall resulting in transfer to hospital.

No post fall assessment was found in the resident's health care record for the period immediately after the fall. Falls Risk Screening tool assessment is found for one month past this fall. The home did document the fall on a separate, internal and generic incident report that is not specifically designed for falls.

The home's policy: FALLS PREVENTION AND MANAGEMENT: NR G 533, page 4 directs staff: "When a resident has fallen, the resident will be assessed regarding the nature of the fall and associated consequences, the cause of the fall and the post fall care management needs". The internal incident report currently being used by the home does not meet this requirement.

Further, Page 5, #10 directs staff to: " Redo the Fall Risk Assessment and complete a Post Fall Screen for Resident/Environmental Factors (Appendix D) form , review the fall prevention strategies and modify the plan of care in collaboration with interdisciplinary team." For this resident, this was not done until one month past the fall.

The resident had a fall and did not receive a timely post-fall assessment using a clinically appropriate assessment instrument that is specifically designed for falls. [O.Reg.79/10, s.49. (2)].

Issued on this 27th day of March, 2012

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

Monique H. Berger, Inspector 151