



**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**

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**Public Copy/Copie du public**

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| <b>Report Date(s) /<br/>Date(s) du rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Sep 13, 2016                                   | 2016_240506_0016                              | 026835-16                      | Critical Incident<br>System                        |

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**Licensee/Titulaire de permis**

BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive Georgetown ON L7G 2B8

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

BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive Georgetown ON L7G 2B8

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

LESLEY EDWARDS (506)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): September 8 and 9, 2016**

**Concerns that were identified to be reviewed while at the home were as follows:**

**Item #1- Falls.**

**Item #2- Plan of Care.**

**During the course of the inspection, the inspector(s) spoke with Chief Executive Officer (CEO), Director of Care (DOC), Resident Care Co-Ordinator, registered staff, residents and families.**

**During the course of the inspection, the inspector toured the home, conducted interviews with the CEO, DOC and registered staff. Reviewed clinical records and policies and procedures.**

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

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/> VPC – Voluntary Plan of Correction<br/> DR – Director Referral<br/> CO – Compliance Order<br/> WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>WN – Avis écrit<br/> VPC – Plan de redressement volontaire<br/> DR – Aiguillage au directeur<br/> CO – Ordre de conformité<br/> WAO – Ordres : travaux et activités</p>  |
| <p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident’s plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given the opportunity to participate fully in the development and implementation of the resident's plan of care.

i. Resident #001 was at risk for falls and interventions were being trialled to mitigate the resident's fall risk. The resident fell on an identified date in December 2015, the Substitute Decision Maker (SDM) was called and was informed that the resident fell and the SDM requested that the resident have a medical device applied. An interview with staff #100 confirmed they thought they notified the DOC of the SDM's request but confirmed they did not implement this intervention or follow-up with the request. In an interview with the DOC on an identified date in September 2016, they confirmed they were unaware of this request.

ii. In January 2016, the resident sustained another fall and the SDM was called and informed of the resident's fall and the SDM again requested that the resident have a medical device and staff #103 told the SDM to contact the DOC.

iii. In February 2016, the SDM came in and expressed their concerns that their request for the medical device was not addressed as the resident sustained another fall. At this time staff #101 provided education and spoke with both the SDM and resident. Staff applied the medical device which the resident was able to remove; however, the SDM still wanted the medical device applied. Staff #101 documented that they again reapplied the medical device at a later time and the resident was able to remove it. Staff member #101 documented that they left a message for the DOC to follow-up with the SDM. The DOC confirmed on an identified date in September 2016, that they were unaware of this referral and the SDM's request for the medical device to be applied as an intervention. The home did notify the SDM that they trialled the medical device which was unsuccessful. The home did not give the SDM opportunity to participate fully in the development and implementation of the resident's plan of care and this was confirmed by the DOC. [s. 6. (5)]

***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 the resident, the resident's substitute decision-maker, if any, and other persons designated by the resident an opportunity to participate fully in the development and implementation of the resident's plan of care, to be implemented voluntarily.***

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**WN #2: 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 failed to ensure that the policy and procedure for falls prevention and post fall management program was complied with.

The home's policy "Falls Prevention and Post Fall Management Program, Resident Care Manual" (policy number section: 6.1, last revised January 2016) indicated that when a resident has fallen, in addition to the information documented and discovered during the immediate resident evaluation and increased monitoring, the registered staff will complete a Risk Assessment Tool and the Falls Risk Assessment Tool (FRAT).

i. Resident #001 sustained a fall on an identified date in March 2016 and April 2016. A clinical record review confirmed that the home did not complete the FRAT assessment tool after each of these identified falls. The DOC confirmed that the FRAT assessment tool was not completed after each fall and the home's policy for fall prevention was not



complied with.

The licensee failed to ensure that the policy and procedure for concerns, issues and complaints was complied with.

The home's policy "Concerns, Issues and Complaints, Resident Care Manual" (policy number section 2.2, last revised January 2016) indicated that when a staff member who receives a question, concern or complaint shall:

- a. Obtain the Suggestion, Concerns and Complaint Form and provide the form to the resident, family member, visitor, or volunteer with the form.
- b. The staff member will assist them with completing the form.
- c. The complaint, issue or concern form is forwarded to the DOC or designate.
- d. The DOC or designate shall add the basic complaint, concern or suggestion information to the complaint log, then forward the form to the relevant department.
- e. The suggestion, complaint or concern shall be investigated and resolved where possible, and a response including all actions taken by the home to address the suggestion, concern or complaint or alternately the reasons why the home found the complaint to be unfounded.
- f. The Manager/ Supervisor investigates the issue and is required to document the investigation.
- g. A written response must be provided to the person making the suggestion, complaint and concern within 10 business days of the receipt of the complaint.
- i. A review of resident #001's clinical record identified a progress note on an identified date in December 2015, after staff #100 called the SDM to inform them of the resident's fall and the resident's SDM requested that the resident have a medical device. Staff #100 confirmed that they did not fill out the required form which was used for questions, suggestions, concerns and complaints
- ii. On an identified date in January 2016, there was a documented conversation in the resident's progress note by staff #103 that the SDM wanted the resident to have a medical device and was informed to speak to the DOC. The DOC confirmed that they did not receive the suggestion, complaint or concern form.
- iii. On an identified date in February 2016, resident's SDM came in and requested that the resident use a medical device and wanted written documents as to why the home would not use the medical device. Staff member #101 confirmed they felt they addressed the concern but documented that they would have the DOC follow-up and confirmed that they never completed the required form.



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The DOC confirmed that the home did not follow their policy regarding concerns, issues and complaints. [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 the home is following their policy and procedure for falls prevention and complaints, to be implemented voluntarily.***

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Issued on this 16th day of September, 2016

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

**Original report signed by the inspector.**