



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 19, 2013	2013_139163_0007	1270-12,988 -12	Critical Incident System

Licensee/Titulaire de permis

**BLIND RIVER DISTRICT HEALTH CENTRE
525 Causley Street, P.O. Box 970, BLIND RIVER, ON, P0R-1B0**

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

**BLIND RIVER DISTRICT HEALTH CENTRE - LTC UNIT
525 CAUSLEY STREET, P. O. BOX 970, BLIND RIVER, ON, P0R-1B0**

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

DIANA STENLUND (163)

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): March 11-13, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), and residents.

During the course of the inspection, the inspector(s) walked through resident home areas, reviewed policies, health care records, Critical Incident documentation and observed staff to resident interactions and care.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

1. Inspector reviewed the health care record for resident #1270 who is at high risk for falls. The plan of care for resident #1270 provides contradicting information with regards to the resident's need for a seat belt when in a wheelchair, as part of their falls prevention strategy. A medication review form dated March 8, 2013 indicates "use of a lap belt when in wheelchair", the most current Care Plan document under Falls indicates "ensure seat belt is in place when in wheelchair" however the Restraints section of the current Care Plan document indicates "does not wear seat belt when in wheelchair". The licensee has not ensured that the written plan of care for resident #1270 who is at high risk for falls, sets out clear directions to staff and others who provide direct care to this resident. [s. 6. (1) (c)]



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 plan of care for resident #1270, who is at high risk for falls, sets out clear directions to staff and others who provide direct care to this resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

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. Inspector reviewed the health care record for resident #1270 who had fallen and was taken to hospital as a result of injury. Resident #1270 was identified as being at high risk for falls in their health care record. The inspector was unable to confirm from a review of the resident's records that when this resident had fallen, a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls. Supervisory staff #210 reported to the duty inspector on October 31, 2012 that a post-fall assessment using a clinically appropriate assessment instrument was required, however it was not conducted on this resident after their fall. Inspector interviewed supervisory staff #101 on March 12, 2013 who confirmed that a post-fall assessment was required for resident #1270 after their fall, however was not conducted. The licensee has not ensured 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. [s. 49. (2)]



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 when a resident, including resident #1270 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, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. Inspector reviewed the home's documentation for two Critical Incidents. Inspector noted that in both reports a resident was taken to hospital as a result of an injury, however the incidents were not reported to the Director within one business day after the occurrence of the incident. The Director was not informed of one of the incidents until 5 days after the incident occurred and the other was not reported to the Director until 10 days after the incident occurred. The licensee has not ensured that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): An injury in respect of which a person is taken to hospital. [s. 107. (3) 4.]



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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 Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): An injury in respect of which a person is taken to hospital, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The inspector reviewed the medical records of residents #1270, #988, #412 and #519 for tuberculosis screening. The inspector was unable to locate documentation in each of the resident's health care records that confirmed these residents were screened for tuberculosis within 14 days of admission unless the residents had already been screened at some time in the 90 days prior to admission and that there was documented results of the screening. Inspector interviewed supervisory staff #101 on March 13, 2013 who confirmed that there is no documentation indicating that residents #1270, #988, #412, and #519 were screened within 14 days of admission, unless the residents had already been screened at some time in the 90 days prior to admission and that the documented results of the screening are available. The licensee has not ensured that the following immunization and screening measures are in place: Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. [s. 229. (10) 1.]

2. Inspector reviewed the health care records of residents #988, #412 and #519 with regards to immunizations and screening measures in place. Inspector was unable to locate documentation that confirmed that residents #988, #412 and #519 were offered immunizations against pneumococcus, tetanus and diphtheria. Inspector interviewed supervisory staff #101 on March 13, 2013 who reported that there is no documentation indicating residents #988, #412 and #519 were offered immunizations against pneumococcus, tetanus and diphtheria. The licensee has not ensured that the following immunization and screening measures are in place: Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. [s. 229. (10) 3.]



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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 when residents are admitted, they are screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee, and residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website, to be implemented voluntarily.

Issued on this 19th day of March, 2013

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

Diana Stenlund, #163