

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 3, 2020	2020_683126_0022	006545-20, 006793-20	Critical Incident System

Licensee/Titulaire de permis

DTCO II Long Term Care LP, by its general partner, DTCO II Long Term Care MGP (a general partnership) by its partners, DTCO Long Term Care GP Inc. and Arch Venture Holdings Inc.

161 Bay Street, Suite 2100 TD Canada Trust Tower Toronto ON M5J 2S1

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

Lancaster Long Term Care Residence

105 Military Road North P.O. Box 429 Lancaster ON K0C 1N0

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

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): On site on October 21, 2020 and off site November 16, 17, 18, 19, 2020

**During the course of this inspection the following logs were inspected:
Log #006793-20, CI #2680-000005-20 and log #006545-20, CI #2680-000003-20
related to falls that resulted in a transfer to hospital..**

**During the course of the inspection, the inspector(s) spoke with the
Administrator/Director of Care, the Nursing Consultant, several Registered Nurses
(RNs), several Personal Support Workers (PSWs) and one resident.**

**During the course of the inspection, the inspector reviewed the residents health
care record and observed provision of resident care and service. The Fall Program
policies revised October 2019 were reviewed.**

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

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 VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001's post fall, care needs were reassessed, and the care was effective related to pain management.

On a specific date in 2020, resident #001 fell. PSW #103 indicated that when the resident was put back to bed, the resident expressed pain. Few hours after the fall, the night shift RN #101 documented that they attempted to give something for pain, was unsuccessful and would try later. On the day shift, RN #104 documented in the progress notes that the resident indicated that specific areas were painful and no injuries were noted. The resident exhibited more responsive behaviors than usual up until the transfer to the hospital.

Registered Nursing staff did not document pain assessment/reassessment in the progress notes until several days post fall when the resident was sent to the hospital and was diagnosed having a specific injury.

Sources: Resident #001's progress notes, Medication Administration Record (MAR); and interviews with PSW # 103 and other staff. [s. 6. (10) (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 that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective, to be implemented voluntarily.

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 :

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1. The licensee has failed to ensure that the “Assessment of a Fall” and the “Post Fall Assessment” policies required in the Fall Management Program were complied with, for resident #001 and #002.

O. Reg. 79/10. S.30. (1) 1. Requires the “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 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.”

Specifically, staff did not comply with the “Assessment of a Fall” and the “Post Fall Assessment” policies, revised October 2019.

Resident #001 and #002 fell on specific dates in 2020 and both falls resulted in an injury. Staff did not comply with the policy and procedures. Specifically:

- Fall incident notes not completed for resident #001
- No documentation found in resident #001’s progress notes that the SDM and or Physician were contacted post fall
- Physiotherapist was not notified of both falls.
- Post fall assessments and Head injury Protocol were not completed for both resident as per policy requirement

Sources: The Assessment of a Fall” and the “Post Fall Assessment” policies(revised October 2019), resident #001 and #002’s progress notes; and interviews with Registered Nurse (RN) #102 and #014 and other staff [s. 8. (1) (a),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 that 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, (b) is complied with, to be implemented voluntarily.

Issued on this 31st day of December, 2020

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

Original report signed by the inspector.