

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: March 28, 2024	
Inspection Number: 2024-1141-0001	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: Iris L.P., by its general partners, Iris GP Inc. and AgeCare Iris Management Ltd.	
Long Term Care Home and City: AgeCare Parkhill, Parkhill	
Lead Inspector Christie Birch (740898)	Inspector Digital Signature
Additional Inspector(s) Debbie Warpula (577)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 21, 22, 25, 2024

The following intake(s) were inspected:

- Intake: #00105239 - CI #2632-000021-23 - Fall of resident with injury.
- Intake: #00105556 - Follow-up #001 related to FLTCA, 2021 - s. 19 (2) (c), Accommodation Services.
- Intake: #00105557 - Follow-up #002 related to O. Reg. 246/22 - s. 102 (8), Infection Prevention and Control.
- Intake: #00107124 - Anonymous complaint related to resident care.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1141-0005 related to FLTCA, 2021, s. 19 (2) (c) inspected by Christie Birch (740898)

Order #002 from Inspection #2023-1141-0005 related to O. Reg. 246/22, s. 102 (8) inspected by Christie Birch (740898)

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

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The licensee has failed to comply with the Falls Prevention and Management Program in the home for the Head Injury Routine (HIR).

Rationale and Summary

A resident sustained a fall where they required a HIR to be completed. A registered staff initiated a HIR post fall but did not consistently complete the HIR as per home's policy.

The home's policy titled "Resident Falls Prevention Program", stated:

" 6. In the event of a fall registered staff will: (d). Head injury routine/neurological assessment will be initiated for 48hrs if suspected head injury or unwitnessed fall unless otherwise directed by the attending physician."

The home's policy titled "Head Injury Routine" stated "Procedure #1. After initial neurovitals, head injury routine is performed: every 30 minutes x 4, every 1 hour x 4, every 4 hours x 5, every 8 hours x 3", and " #5. Head Injury must be completed at the frequency outlined in # 1 above. In the event a resident is sleeping, the resident must be woken, and head injury routine completed."

The Administrator/ Director of Care acknowledged that the head injury routine was not completed as per home's policy.

There was risk of staff not recognizing a head injury when the HIR was not completed as per policy.

Sources: Review of the home's Resident Falls Prevention Program Policy, #LTC-CA-WQ-200-07-08, ORIGINATION DATE: February 2007, Last Revision Date: June 2022, the home's Head Injury Routine Policy, number LTC-CA-ON-200-07-04, ORIGINATION DATE: May 2012, last revision date: July 2023, clinical records; interview with staff and Administrator/ Director of Care. [740898]