



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 prévue 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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 26, 27, Oct 17, 2011; 2011\_024137\_0039; Critical Incident

Licensee/Titulaire de permis

DIVERSICARE VI LIMITED PARTNERSHIP
458 Glencairn Avenue, TORONTO, ON, M5N-1V7

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

CHELSEY PARK (OXFORD) NURSING HOME
310 OXFORD STREET WEST, LONDON, ON, N6H-4N6

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

MARIAN MACDONALD (137)

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 Director of Care and Assistant Director of Care.

During the course of the inspection, the inspector(s) reviewed resident's clinical records and relevant policies.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Findings of Non-Compliance were found during this Inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend: WN - Written Notification, VPC - Voluntary Plan of Correction, DR - Director Referral, CO - Compliance Order, WAO - Work and Activity Order. Legendé: WN - Avis écrit, VPC - Plan de redressement volontaire, DR - Aiguillage au directeur, CO - Ordre de conformité, WAO - Ordres : travaux et activités

<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:**

**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**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. Falls Prevention and Management Program - Policy # NM-II-F005 indicates that the RN/RPN will assess the resident, prior to moving the resident.

For an identified resident, the Home's policy and procedure was not complied with.  
 [O.Reg.70/10, s.8(1)(b)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff Specifically failed to comply with the following subsections:**

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**  
**1. Falls prevention and management.**  
**2. Skin and wound care.**  
**3. Continence care and bowel management.**  
**4. Pain management, including pain recognition of specific and non-specific signs of pain.**  
**5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.**  
**6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).**

**Findings/Faits saillants :**

1. The Director of Care and Assistant Director of Care both confirmed that staff do not receive training in falls prevention and management.  
 2. The Fall Prevention and Management Program policy # NM-II-F005 indicates that the management team will ensure new employees learn this policy as part of their orientation program.  
 3. The Orientation Checklist, used for all staff, does not identify falls prevention education or training. The Director of Care confirmed that Falls Prevention and Management is not included in the orientation program.  
 [O.Reg. 79/10, s.221(1)1]



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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 staff receive training related to fall prevention and management, to be implemented voluntarily.***

Issued on this 17th day of October, 2011

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

*Marius C. MacDonald*