



**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 2, 2015	2015_332575_0002	S-000627-14	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE FALCONBRIDGE
281 FALCONBRIDGE ROAD SUDBURY ON P3A 5K4

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

LINDSAY DYRDA (575)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 23 and 26, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care (ADOC), Registered staff, and Personal Support Workers.

The inspector(s) also reviewed relevant policies, plans of care and other documentation within the home.

**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 VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :



1. Inspector #575 reviewed a complaint regarding the care of Resident #001. The inspector reviewed resident #001's health care record. Resident #001 experienced an unwitnessed fall, was transferred to hospital, and underwent surgery for a fracture. Resident #001 returned to the home 3 days later.

The resident was admitted to the home approximately 3 weeks prior to the fall. It was noted on admission in the progress notes that the resident was witnessed attempting to climb out of bed, the PSW repositioned, and there were no further attempts by the resident to climb out of bed. The next day, the progress notes indicated that 30 minute checks would be implemented for safety and the home would assess the need for a TABS monitor. The resident's care plan indicated, under the focus risk for falls, that the resident was on 30 minute checks.

The inspector interviewed staff member #100 regarding documentation for 30 minute safety checks. The staff member indicated that PSWs document the 30 minute checks electronically on Point of Care (POC) and sometimes use paper forms; RPNs document in Point Click Care (PCC) confirming that the 30 minute checks were done.

The inspector interviewed 3 staff members (#101, #102, #103) who all told the inspector that they document 30 minute checks in POC. The inspector confirmed with staff member #108 that PSWs document in POC and RPNs document in PCC.

The inspector reviewed the PSW flow sheets from POC for a period of approximately 1 month. The inspector noted that from admission to the date of the fall and upon return from hospital that there was only documentation for the 30 minute checks on POC on 2 occasions.

The inspector then reviewed the PCC progress notes from the day after admission to the date of the fall. The inspector noted that there was a total of 65 shifts during this period (days/evening/nights). Only 32/65 shifts had documentation supporting that the 30 minute checks were being done. The documentation was missing on 16 day shifts, 7 evening shifts, and 9 night shifts. Additionally, upon return from hospital for a period of 6 days there were only 3 entries on PCC regarding the 30 minute checks.

The inspector noted that there was paper documentation in the resident's health care record for 2 days prior to the fall for the 30 minute checks; however, on one day there was documentation missing for the day shift (0730-1500) and the evening shift (1830-2300) and on the other day there was documentation missing for 0730.

Staff member #100 confirmed to the inspector that the documentation was missing as outlined above.

Therefore, the licensee has failed to ensure that the provision, outcomes, and effectiveness of the plan of care is documented. [s. 6. (9)]



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 ensuring that 30 minute checks for safety, identified in residents' plans of care, are documented, 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 :

1. Inspector #575 reviewed a complaint regarding the care of Resident #001. The inspector reviewed resident #001's health care record. Resident #001 experienced an unwitnessed fall, was transferred to hospital, and underwent surgery for a fracture. The inspector reviewed the home's policy titled 'Falls Prevention and Management Program' version April 2013. The policy indicated that a post falls assessment is to be completed within 24 hours of a fall, and that if a resident hits their head or is suspected of hitting their head (i.e. an unwitnessed fall) a clinical monitoring record is to be completed (monitor vital signs including neuro, assess for pain, monitor changes in behaviour every hour x 4 hours then every 8 hours x 72 hours).

The inspector reviewed the post falls assessment for Resident #001 and noted that the assessment was not completed until 4 days after the fall (more than 24 hours post fall). Additionally, the inspector was unable to locate the clinical monitoring record for Resident #001. The inspector noted that vital signs were recorded upon discovery of the fall in the progress notes and again an hour later in the medication administration record. Staff member #100 told the inspector that the clinical monitoring record was not found, nor



completed for Resident #001 and indicated that the fall occurred at shift change and the staff member on shift did not initiate the clinical monitoring record, the resident was transferred out to hospital shortly after and returned 3 days later, therefore the record was not completed. The inspector interviewed 3 staff members (#104, #105, #106) who confirmed to the inspector that a clinical monitoring record is to be completed if a resident has an unwitnessed fall.

Therefore, the licensee has failed to ensure that the home's policy titled 'Falls Prevention and Management Program' was complied with. [s. 8. (1) (a),s. 8. (1) (b)]

2. The inspector reviewed the home's policy titled 'Falls Prevention and Management Program' version April 2013. The policy indicated that if a resident hits their head or is suspected of hitting their head (i.e. an unwitnessed fall) a clinical monitoring record is to be completed (monitor vital signs including neuro, assess for pain, monitor changes in behaviour every hour x 4 hours then every 8 hours x 72 hours).

Resident #002 sustained an unwitnessed fall. The inspector reviewed the resident's clinical monitoring record and noted that Resident #002's record was not completed. Under Part B, the neuro vitals were only recorded once on day 1, then x3 on day 2, then once on day 3. The times of the assessments were also not recorded. The inspector interviewed 3 staff members (#104, #105, #106) who confirmed to the inspector that a clinical monitoring record is to be completed if a resident has an unwitnessed fall.

Therefore, the licensee has failed to ensure that the home's policy titled 'Falls Prevention and Management Program' was complied with. [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 ensuring that the home's policy titled 'Falls Prevention and Management Program' is complied with, to be implemented voluntarily.



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Issued on this 2nd day of February, 2015

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

Original report signed by the inspector.