

**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
Inspection de 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
Sep 22, 2020	2020_821640_0016	004216-20	Critical Incident System

Licensee/Titulaire de permis

Fairview Mennonite Homes
515 Langs Drive CAMBRIDGE ON N3H 5E4

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

Fairview Mennonite Home
515 Langs Drive CAMBRIDGE ON N3H 5E4

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

HEATHER PRESTON (640)

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): September 11, 15 and 16, 2020.

The following Critical Incident System (CIS) reports were reviewed;

Log #004216-20 related to a resident fall with resulting fracture

During the course of the inspection, the Long-Term Care Homes (LTCH) Inspector toured the home, observed the provision of care, observed residents, reviewed clinical records, policy and procedure and conducted interviews.

During the course of the inspection, the inspector(s) spoke with residents, family members, Staffing Clerk, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Falls Prevention Program Lead, Nurse Consultants, the Associate Director of Care (ADOC) and the Executive Director (ED).

The following Inspection Protocols were used during this inspection:

Falls Prevention

Minimizing of Restraining

Training and Orientation

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

3 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. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
 - i. a physician,**
 - ii. a registered nurse,**
 - iii. a registered practical nurse,**
 - iv. a member of the College of Occupational Therapists of Ontario,**
 - v. a member of the College of Physiotherapists of Ontario, or**
 - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

Findings/Faits saillants :

1. The licensee failed to ensure that the use of a PASD, that was included in the plan of care for two residents, had been consented to by the resident or their substitute decision-maker.

1) A resident was assessed to be at high risk for falls and had sustained several falls in the six months following their return from treatment.

Their care plan was revised to include specific personal assistive services device (PASD) had been implemented that prevented the resident from getting up and out of their bed and subsequently falling.

An RPN said there was no consent obtained for the implementation of the PASD.

2) A resident was at moderate risk for falls. Staff implemented the use of a specific PASD to prevent the resident from falling from their bed.

A PSW said the PASDs were implemented to stop the resident from falling from their bed.

An RPN said there were no consents obtained for the implementation of the PASD.

Sources: Critical Incident Report, observations of residents, care plans, progress notes, paper clinical record, interviews with RNs, RPNs, PSWs and others. [s. 33. (4) 4.]

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 the licensee must ensure that the use of a PASD, that was included in the plan of care for two residents, are consented to by the resident or their substitute decision-maker, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

Findings/Faits saillants :

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1. The licensee failed to ensure that direct care staff, were provided training in; 1. Abuse recognition and prevention, 2. Mental health issues, including caring for persons with dementia, 3. Behaviour management, 4. How to minimize restraining of residents, 5. Palliative care and 6. Any other areas provided for in the regulations.

On March 20, 2020, the Emergency Order set out that newly hired staff were required to be trained on six of 11 areas under s. 76 (2) of the LTCH Act, 2007. The remainder of the areas under s. 76 (2) and the additional training under s. 76 (7) of the Act were to be completed within three months of hire.

Two PSWs both hired in April 2020, were unable to locate the care plan/kardex to answer questions regarding fall prevention strategies and interventions. They were not aware of the residents fall risk and other care requirements. The PSWs said they would get the resident care information from their co-workers, the nurse or the Acting Director of Care (ADOC).

PSWs who had been assigned to provide training to the newly hired PSWs, said they did not have a checklist to follow and provided training on the resident care and other areas they believed the new staff needed to know.

The ADOC said the required training had not been provided to these staff.

Sources: Employee personnel/education files and interviews with Nurse Consultants, scheduling clerk and PSWs. [s. 76. (7)]

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 the licensee must ensure that direct care staff, are provided training in; 1. Abuse recognition and prevention, 2. Mental health issues, including caring for persons with dementia, 3. Behaviour management, 4. How to minimize restraining of residents, 5. Palliative care and 6. Any other areas provided for in the regulations, to be implemented voluntarily.

WN #3: 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:

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. O. Reg. 79/10, s. 221 (1).**
- 2. Skin and wound care. O. Reg. 79/10, s. 221 (1).**
- 3. Contenance care and bowel management. O. Reg. 79/10, s. 221 (1).**
- 4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).**
- 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. O. Reg. 79/10, s. 221 (1).**
- 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 licensee failed to ensure that the following areas in which training was to be provided to direct care staff was completed; 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 and 6. Training in the application, use and potential dangers of PASDs.

On March 20, 2020, the Emergency Order set out that newly hired staff were required to be trained on six of 11 areas under s. 76 (2) of the LTCH Act, 2007. The required additional training, under O. Reg. 79/10 were to be completed within three months of hire.

Two PSWs both hired in April 2020, were unable to locate the care plan/kardex to answer questions regarding fall prevention strategies and interventions. They were not aware of the residents fall risk and other care requirements. The PSWs said they would get the resident care information from their co-workers, the nurse or the Acting Director of Care (ADOC).

PSWs who had been assigned to provide training to the newly hired PSWs, said they did not have a checklist to follow and provided training on the resident care and other areas they believed the new staff needed to know.

The ADOC said the required training had not been provided to these staff.

Sources: Employee personnel/education files and interviews with Nurse Consultants, scheduling clerk and PSWs. [s. 221. (1)]

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 the licensee must ensure that the following areas in which training is to be provided to direct care staff is completed; 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 and 6. Training in the application, use and potential dangers of PASDs, to be implemented voluntarily.

Issued on this 29th day of September, 2020

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

Original report signed by the inspector.