Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

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
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Apr 19, 28, Jul 6, 2011	2011_027192_0009	Complaint

Licensee/Titulaire de permis

DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4

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

HARDY TERRACE
612 Mount Pleasant Road, R. R. #2, BRANTFORD, ON, N3T-5L5

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

DEBORA SAVILLE (192)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, and Assistant Director of Resident Care.

During the course of the inspection, the inspector(s) reviewed medical records and policy and procedure.

The following Inspection Protocols were used in part or in whole during this inspection:

Dignity, Choice and Privacy

Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions	Définitions
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 sayants :

1. The Fall Prevention and Management Policy (NM-II-F005) dated December 2009, indicates under "Management of a Fall Incident" that the Registered Nurse/Registered Practical Nurse will examine the resident for injuries prior to moving the resident; use a mechanical lift to move resident to his/her bed to proceed to do a further assessment.
It is documented following a fall that a specified resident was assisted by 2 persons to standing position and assessed for reddened areas. The resident was then seated on the bed and range of motion assessed. The homes policy was not followed - the resident was not assessed prior to being moved.
The homes policy for Fall Prevention and Management (NM-II-F005) dated December 2009 indicates that a falls risk assessment should be repeated if it is a third incident of fall within a month.
A specified resident sustained multiple falls within a five day period. The only falls risk assessment completed for the resident is dated prior to the falls occurring. No post fall assessments were completed.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following subsections:

s. 48. (2) Each program must, in addition to meeting the requirements set out in section 30,
(a) provide for screening protocols; and
(b) provide for assessment and reassessment instruments. O. Reg. 79/10, s. 48 (2).

Findings/Faits sayants :

1. The homes fall prevention and management program (NM-II-F005), dated December 2009, indicates that a fall incident should be documented in the Medecare e-incident report in the resident's electronic file. There is no direction for staff members to completed a clinically appropriate assessment instrument that is specifically designed for falls.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits sayants :

1. The home did not complete a post fall assessment using a clinically appropriate instrument designed for falls for a specified resident in spite of multiple falls within a 4 day period, some resulting in injury. The resident was admitted to the home with a history of falls prior to admission. The resident sustained falls on designated dates, some resulting in injury. No post-fall assessment using a clinically appropriate assessment instrument specifically designated for falls was completed in spite of ongoing falls, with injury. Interventions intended to alert staff of the resident activity were suggested but were not initiated immediately. The resident was admitted to hospital with injury.

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 by ensuring that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following subsections:

s. 24. (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. O. Reg. 79/10, s. 24 (1).

Findings/Faits sayants :

1. The home did not develop a 24-hour admission care plan to communicate care needs to direct care staff for a specified resident. The resident was admitted to the home and there is no evidence in the medical record that a plan of care was available to staff for approximately 21 days, when the plan of care was completed, printed, and signed. A Kardex was also completed 21 days after admission and updates to the plan of care were completed subsequently. The Assistant Director of Resident Care indicated that the home uses a specific form for their 24 hour plan of care. This form was not available in the medical record for the specified resident and could not be provided by the home.

Issued on this 3rd day of August, 2011

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

Debra Saville