



**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
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Dec 20, 2018	2018_533115_0028	030046-18, 030850- 18, 031773-18	Critical Incident System

Licensee/Titulaire de permis

S & R Nursing Homes Ltd.
265 North Front Street Suite 200 SARNIA ON N7T 7X1

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

Heron Terrace Long Term Care Community
11550 McNorton Street WINDSOR ON N8P 1T9

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

TERRI DALY (115), JULIE DALESSANDRO (739)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 11, 12, 14 and 17, 2018

The following Critical Incident inspections were conducted:

Related to alleged neglect:

Critical Incident Log #030046-18 / 2898-000015-18

Related to an unexpected death:

Critical Incident Log #030850-18 / 2898-000016-18

Related to falls prevention:

Critical Incident Log #031773-18 / 2898-000018-18

During the course of the inspection, the inspector(s) spoke with the Administrator, two Managers of Resident Care (MRC), the Environmental Services Manager (ESM), three Registered Practical Nurses (RPN), and two Personal Support Workers (PSW).

The inspectors also observed a resident, reviewed clinical records and plans of care, relevant policies and procedures of the home, and critical incidents.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).



Findings/Faits saillants :

1. The licensee has failed to ensure that procedures were developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home were kept in good repair, excluding the residents' personal aids or equipment.

A Critical Incident System (CIS) report was submitted to the Ministry of Health and Long-Term Care on a specific date.

The CIS identified that resident #001 was involved in an incident while utilizing the home's equipment, resulting in transfer to hospital with an injury.

During an interview with Environmental Services Manager (ESM) #004, they stated that nursing staff was responsible to complete a specific audit and that they believed they were done monthly. In an interview with MRC #006, MRC also stated that nursing staff audited the equipment monthly and then corporate audited that audit quarterly. During the home's investigation post incident they discovered that neither environmental nor nursing were conducting audits on this equipment regularly throughout the home.

Observation of the equipment, review of the home's internal processes and policies for auditing equipment including MRP-05 Lift Inspection checklist, Sling Audit RCM 06B-09, preventative maintenance policy ENVIRO 10-02 last revised June 20, 2018, RCM 10-07-03 entitled 'Lift and Sling Care', last revised March 20, 2017 and interviews with the Manager of Resident Care (MRC) #106, the Environmental Services Manager (ESM) #004, and Administrator #105 identified that the equipment used for resident #001 on a specific date had not been audited within the quarter. It was determined that the condition of that specific piece of equipment used by resident #001 resulted in an incident causing injury to resident #001.

[s. 90. (2) (b)]



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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 that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment, to be implemented voluntarily.

Issued on this 27th day of December, 2018

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

Original report signed by the inspector.