

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: April 27, 2024

Inspection Number: 2024-1382-0001

Inspection Type:

Complaint
Critical Incident

Licensee: S & R Nursing Homes Ltd.

Long Term Care Home and City: Heron Terrace Long Term Care Community,
Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 15, 16, 17, 18 and 22, 2024.

The following intake(s) were inspected:

- Intake: #00102527 - Critical Incident #2898-000020-23 Equipment malfunction.
- Intake: #00106985 - Critical Incident #2898-000004-24 Fall of resident with injury.
- Intake: #00105016 and #00105483 - Complaint related to care and services.

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The following **Inspection Protocols** were used during this inspection:

- Contenance Care
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee submitted a Critical Incident System (CIS) Report related to a resident incident with injury.

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Review of the resident's most recent assessments indicated that they are a high risk for specific incidents.

During interviews with a Personal Support Worker (PSW), the Resident Care Coordinator (RCC), the Quality Lead and Manager of Resident Care (MRC) they stated that the resident was a high risk related to specific incidents and was part of the home's high risk program. Thus, would have a specific logo on their door frame outside of the resident room, and this information would be included in the plan of care.

A review of the home's required program policy 10-02-01 indicated the following: A logo will be used to identify the residents who are High Risk. An assessment score greater than 12 indicates residents who are High Risk.

A logo will be positioned on the door frame for all Residents identified as High Risk, the logo may also be placed on the spine of the Resident chart. The team may choose to place the logo on the Residents' walker or wheelchair as indicated.

During an observation the inspector did not see the logo on the resident's door frame, spine of their chart or their assistive device. A record review of the resident's plan of care also did not include information related to the resident's high risk being identified by home's program logo.

Review of the resident plan of care and observation of the resident's door frame after the interview with the MRC and RCC Quality Lead showed that both had been updated to include the falling leaf logo.

Sources: Resident's clinical record, observations, interviews and home's required



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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program – policies.

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Date Remedy Implemented: April 17, 2024