

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long Term Care Inspections Branch

**Ottawa District**  
347 Preston Street, Suite 420  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

<b>Report Issue Date:</b> June 13, 2023	
<b>Inspection Number:</b> 2023-1002-0002	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
<b>Long Term Care Home and City:</b> Kentwood Park, Picton	
<b>Lead Inspector</b> Stephanie Fitzgerald (741726)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 24, 25, 29, 2023

The following intake(s) were inspected:

- Intake: #00014257 - CI: 0893-000015-22 Fall of resident, resulting in injury.
- Intake: #00014356 - CI: 0893-000014-22: Fall of resident, resulting in injury.
- Intake: #00016436 - CI: 0893-000016-22 Alleged financial abuse of resident by unknown person.

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

Infection Prevention and Control  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Required programs

### NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

The licensee has failed to ensure that their written policy related to falls prevention and management was complied with, for resident #001.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that their written policy related to falls prevention and management for resident #001 is complied with. Specifically, staff did not comply with the licensee's MORSE Falls Risk Assessment Procedure #OTP-FP-7.3; number two, all residents will be assessed for falls risk using the MORSE Falls Risk Assessment tool at the time of admission.

#### Rationale and Summary:

On a day in November, resident #001 had sustained a witnessed fall while ambulating. The resident was transferred to hospital, where they were admitted for injury.

A review of resident #001's clinical record, showed the first MORSE falls assessment was completed on a day in November, following their return from hospital. There was no evidence to confirm the MORSE falls assessment was completed during their admission, three months prior. A review of resident #001's admission Resident Assessment Protocols (RAPs) indicated resident #001 was triggered for risk of falls.

Interviews with RAI Coordinator #103 and Administrator #104, confirmed the process in place is for a MORSE falls assessment to be completed on admission, quarterly thereafter, and with any change in status. It was also confirmed that a MORES falls risk assessment was not completed on admission for resident #001.

By not ensuring the written policy related to completing the MORSE falls risk assessment was complied with, resident #001 did not have a falls risk assessment completed upon admission and placed the resident at risk for injury.

**Sources:** Resident #001's electronic health record, Progress Notes, and assessment history; MORSE Falls Risk Assessment Procedure #OTP-FP-7.3; Interviews with RAI Coordinator #103 and Administrator #104 [741726].