

**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
Jan 24, 2020	2020_621755_0002	022183-19, 023193- 19, 001188-20, 001189-20	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the County of Lanark
c/o Lanark Lodge 115 Christie Lake Road PERTH ON K7H 3C6

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

Lanark Lodge
115 Christie Lake Road, R. R. #4, Lot 27, Concession 2 PERTH ON K7H 3C6

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

MANON NIGHBOR (755), JESSICA PATTISON (197)

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): January 20, 21, 22, 2020

The following critical incidents logs were inspected: # 022183-19 (CI# M548-000049-19), # 023193-19 (CI# M548-000051-19), # 001188-20 (CI# M548-000050-19), # 001189-20 (CI# M548-000052-19), were related to multiple alleged physical altercations between residents resulting in injury.

During the course of the inspection, the inspector(s) spoke with the Director of Care, Registered Practical Nurses, Personal Support Workers, residents and family member.

Inspectors conducted a tour of the home, observed care, staff to resident interactions and resident to resident interactions, preventative measures responding to responsive behaviors, reviewed records and consulting Mobile Response Team documents, Point Click Care and staff schedules.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Responsive Behaviours**

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

<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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Head Injury Routine policy was complied with for residents #003 and #006 when implemented as part of the licensee's Falls Prevention and Management Program.

O. Reg. 79/10, s. 48 (1) states that every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee provided copies of their Falls Prevention and Management Program (Policy # G-90.00(a)) and Head Injury Routine (Policy # G-50.00(b)).

The Falls Prevention and Management Program indicates on page 3 of 3, step 2, that registered staff are to initiate head injury routine (HIR) if a head injury is suspected or if the resident fall is un-witnessed and directs staff to refer to the HIR policy.

The HIR policy directs registered staff to ensure HIR is initiated on any resident who has sustained or is suspected of sustaining a head injury. Registered staff are then directed to complete HIR in the assessment tab in PointClickCare (PCC) as per the following schedule:

- Every 15 minutes x 1 hour
- Every 30 minutes x 2 hours
- Ever hour x 4 hours

- Every 2 hours x 8 hours
- Every 4 hours x 12 hours or until directed by the Physician to cease monitoring

For an un-witnessed fall, if there is no injury and the resident's level of consciousness and vital signs are within the resident's normal limits, the policy directs staff to repeat HIR assessment in PCC within 30 minutes and again at 60 minutes. If the resident's vital signs and neurological assessment remain normal for the resident, the HIR frequency as indicated above, does not have to be completed.

The policy goes on to say that vital signs must be completed and documented in the Weights/Vitals tab in PCC every shift for 72 hours per the Falls Prevention and Management policy.

Resident #003 was involved in a physical altercation with another resident in the home on a specific day. Resident #003 was noted to have been pushed by the other resident, resulting in a fall where the resident struck themselves and sustained a head injury. HIR was initiated by registered staff and a total of five assessments were documented at the following times:

- 1550 hours
- 1630 hours
- 1840 hours
- 2000 hours
- 2200 hours

An interview with the Director of Care (DOC), confirmed that since resident #003 sustained a head injury, the full HIR should have been completed as per the policy. The DOC noted that this was not done for resident #003 and indicated that the HIR was not documented anywhere else in the resident's health care record.

On a specific day, resident #006 had an un-witnessed fall in their bathroom.

The resident sustained a small skin tear, but there was no evidence to suggest the resident had hit their head.

As per the licensee's HIR policy for an un-witnessed fall, resident #006 should have had an initial HIR completed and if within the resident's normal limits, HIR should have been repeated within 30 minutes and again at 60 minutes.

Upon review of resident #006's assessments tab in PCC, there were no HIR assessments documented for that specific day.

Upon further review of the weights/vitals tab in PCC for resident #006, the inspector noted that staff had not taken the resident's vitals every shift for 72 hours after their fall.

During an interview, the DOC explained that registered staff had not completed the HIR for resident #006 as directed in their policy.

The licensee did not ensure that their HIR policy was complied with related to falls for resident #003 and #006. [s. 8. (1) (b)]

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 the licensee complies with their head injury routine policy as part of their falls prevention and management program, to be implemented voluntarily.

Issued on this 24th day of January, 2020

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

Original report signed by the inspector.