



**Ministry of Health and Long-Term Care**

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

**Ministère 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  
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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 11, 12, 16, 17, 19, 20, 2012	2012_103164_0008	Critical Incident

**Licensee/Titulaire de permis**

ORILLIA LONG TERM CARE CENTRE INC.  
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

LEACOCK CARE CENTRE  
25 MUSEUM DRIVE, ORILLIA, ON, L3V-7T9

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

GLORIA STILL (164)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Staff, Personal Support Workers, Resident Care Co-ordinator, resident

During the course of the inspection, the inspector(s) reviewed identified resident's plan of care, Falls Prevention and Management Program, revised June 2011

The following Inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

Legend	Legendé
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following subsections:**

**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,**

**(a) the planned care for the resident;**

**(b) the goals the care is intended to achieve; and**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The written plan of care does not set out clear directions to staff and others who provide direct care to the resident. The 24 hour written plan of care for an identified resident includes conflicting information relating to the resident's ambulation and notes that the resident is independent with locomotion in the home; is independent with locomotion outside the home with supervision; uses a walker which he sometimes forgets and needs to be reminded to use. The 24 hour written plan of care indicates the resident fell 2 months ago but did not include interventions to mitigate the risk of falls.

Three days after admission the resident fell during the night and sustained a fractured hip.

**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 there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.**

**WN #2: 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 saillants :**

1. The licensee did not ensure that the Falls Prevention and Management Program policy, revised June 2011, was complied with and implemented as required related to an identified resident. The Falls Prevention and Management Program policy indicates that registered staff shall ensure that all residents have falls risk identified and care plan developed immediately related to this risk if admission CCAC referral, or resident/substitute identify falls as problem/potential problem. The CCAC admission referral noted the identified resident had a potential problem related to falls, used psychotropic drugs, had an unsteady gait, had a walker but barely used it and that he limited going outdoors due to fear of falling. The 24 hour care plan of the identified resident indicated the resident had a fall 2 months prior to admission.

Three days after admission the resident fell during the night and sustained a fractured hip. Interventions to mitigate the resident's risk of falling were not included in the 24 hour plan of care.

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**WN #3: 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. (4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the 24 hour admission care plan for an identified resident included interventions to mitigate the risk of falls.

The CCAC admission referral noted the identified resident had a potential problem related to falls, used psychotropic drugs, had an unsteady gait, had a walker but barely used it and that he limited going outdoors due to fear of falling. The 24 hour plan of care for the identified resident noted the resident had a fall 2 months prior to admission. Three days after admission the resident fell during the night and sustained a fractured hip. The 24 hour plan of care did not include interventions to mitigate the resident's risk of falling.

Registered staff and the Director of Care reported the resident's risk for falls should have been included in the resident's written 24 hour plan of care.

**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 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. The care plan must identify the resident and must include, at a minimum, the following with respect to the resident: any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks, to be implemented voluntarily.***

Issued on this 15th day of May, 2012



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Homes Act, 2007**

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**Rapport d'inspection  
prévus le Loi de 2007 les  
foyers de soins de longue**

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