

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: November 19, 2024

Inspection Number: 2024-1201-0006

Inspection Type:

Critical Incident

Licensee: Marianhill Inc.

Long Term Care Home and City: Marianhill Nursing Home, Pembroke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 6, 8, 12, 13, 14, 15, 2024

The following intake(s) were inspected:

- Intake: #00124824 - Missing Resident
- Intake: #00130614 - Fall of resident which resulted in a significant change in health status

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

Infection Prevention and Control
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

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INSPECTION RESULTS

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.

Required programs

s. 53 (1) 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 has failed to comply with the home's falls prevention and management policy related to the Scott Risk Assessment, included in the falls prevention and management program for a resident.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that written policies and procedures are developed for the falls prevention and management program and ensure they are complied with.

Specifically, staff did not comply with the licensee's Interdisciplinary Falls Prevention and Management Program which directs registered staff to determine if the need to complete a Scott Fall Risk assessment is required and if so completed, after a resident experienced five falls in a one month period. When interviewed the unit manager stated a Scott Falls Risk assessment should have been completed.

Sources: Resident health records, the licensee's Interdisciplinary Falls Prevention and Management Program Policy/Procedure revised October 2023, interview with a unit manager

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WRITTEN NOTIFICATION: Pain Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to ensure the effectiveness of pain management strategies for a resident was completed. Specifically a resident was prescribed a five day analgesic regime for the treatment of pain related to a left hip fracture sustained from a fall. After the completion of the five days of treatment, a pain assessment to evaluate the effectiveness of the treatment was not completed.

Sources: Resident health record, interviews with a unit manager and a Registered Practical Nurse