Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 16, 2022	2022_988522_0002	015538-21, 016289-21	Complaint

Licensee/Titulaire de permis

St. Joseph's Health Care, London
268 Grosvenor Street P.O. Box 5777 London ON N6A 4V2

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

Mount Hope Centre for Long Term Care
21 Grosvenor Street P.O. Box 5777 London ON N6A 1Y6

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

JULIE LAMPMAN (522)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 6, 7, 10, 11, 12, 13, 14, 21, 24, and 25, 2022, onsite and January 17, 18, 19, 20, and 26, 2022, offsite.

Tatiana Pyper Inspector #691945 was a secondary inspector during this inspection.

This inspection was completed concurrently with Critical Incident System inspection #2022_988522_0001.

The following intakes were inspected during this inspection:
Complaint #IL-94184-LO/Log #015538-21 related to falls prevention and sufficient staffing;
Complaint #IL-94538-LO/Log #016289-21 related to personal support services, skin care, change in condition and housekeeping.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Staff Educator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, a Housekeeper, a family member and a resident.

The inspector(s) also observed resident care, staff to resident interactions, cleanliness of the home and reviewed resident clinical records, staff schedules, the home's staffing contingency plan, and policies and procedures relevant to this inspection

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Falls Prevention
Hospitalization and Change in Condition
Personal Support Services
Skin and Wound Care
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

4 WN(s)
2 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001, #004, and #005 received a bath twice weekly.

A) Review of resident #001's electronic care plan in Point Click Care (PCC) noted that resident #001 was to receive a bath twice a week.

Review of resident #001's Point of Care (POC) Documentation Survey Report noted the absence of documentation to support resident #001 received a bath on two separate occasions in a specific month.

Further review noted resident #001 refused a bath that same month. There was no documentation to support that attempts were made to reapproach resident #001 for a bath when resident refused or missed their bath.

In an interview, Personal Support Worker (PSW) #105 stated resident #001 would refuse to have a bath at a particular time during the day. PSW #105 stated that if a resident refused their bath, they would not be bathed until the next bath day, as there was not enough time.

B) Review of resident #004's electronic care plan in PCC noted that resident #004 was to receive a bath twice a week.

Review of resident #004's POC Documentation Survey Report noted the absence of documentation to support resident #004 received a bath on two separate occasions in a specific month.

There was no documentation to support that attempts were made to reapproach resident

#004 for a bath when resident #004 missed bath their bath.

In an interview, resident #004 stated when the floor was short staffed they missed their bath. Resident #004 stated they had complained to the home about this.

C) Review of resident #005's electronic care plan in PCC noted that resident #005 was to receive a bath twice a week.

Review of resident #005's POC Documentation Survey Report noted the absence of documentation to support resident #005 received a bath on three occasions in a specific month. Documentation also noted resident #005 refused a bath on four occasions in that same month.

Further review noted the absence of documentation to support resident #005 received a bath on four occasions during another month. Documentation also noted resident #005 refused a bath on three occasions in that same month.

There was no documentation to support that attempts were made to reapproach resident #005 for a bath when resident #005 refused or missed a bath.

In an interview, Registered Practical Nurse (RPN) #106 stated if they were short staffed they would pull the bath person and residents may only get a good wash not a bed bath.

In an interview, Assistant Director of Care (ADOC) #107 reviewed resident #001, #004, and #005's POC Documentation Survey Report with Inspector #522 and confirmed that resident #001, #004, and #005 did not receive a bath twice weekly.

ADOC #107 stated staff should document if a resident refused or missed a bath in POC and the resident's progress notes and if it was not there then it was missed.

Sources:
Resident #001, #004, and #005's care plan, progress notes, and POC Documentation Survey Report; interviews with resident #004, PSW #105, RPN #106, ADOC #107 and other staff. [s. 33. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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:

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 home's "Head Injury Routine Guidelines" policy was complied with when resident #001 had an unwitnessed fall on four separate occasions.

O. Reg. 79/10 s. 48 (1) 1 states, "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

O. Reg. 79/10 s.30 (1) 1 states, "For each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols…"

Review of Mount Hope Centre for Long-Term Care's "Head Injury Routine Guidelines" policy noted in part, "When a resident has sustained a known or suspected head injury through a fall or staff cannot determine the nature of what occurred (e.g. a mentally incapable resident cannot reliably say what occurred during a fall) complete a neurological status check as per the Neurological Record."

Review of the home's Head Injury Routine Form noted a Head Injury Routine (HIR) was to be initiated for all unwitnessed falls.

A HIR was to be completed at the following intervals:
• every 30 minutes for 1 hour, then
• every hour for 4 hours, then
• every 4 hours X 5 (20 hours total), then
• every 8 hours X 3 (24 hours total)

A) Review of resident #001's Post Falls Assessments in Point Click Care (PCC) noted resident #001 had three unwitnessed falls and was unable to give an accurate account of what happened after each fall.

In an interview, Registered Practical Nurse (RPN) #106 stated the home's previous HIR policy was to complete a HIR for an unwitnessed fall but the policy had changed. RPN #106 stated they would complete a HIR if it looked like the resident might have hit their head, if they found any lumps or bumps on their head or if the resident stated they hit their head.

RPN #106 reviewed resident #001's Post Fall Assessments with Inspector #522. RPN #106 stated they would not have completed a HIR when resident #001 had three unwitnessed falls.

In an interview, Assistant Director of Care (ADOC) #107 reviewed resident #001's Post Fall Assessments with Inspector #522. ADOC #107 stated a HIR should have been completed for resident #001's unwitnessed falls, due to their cognitive status. ADOC #107 stated a HIR should be completed for any resident who had an unwitnessed fall.

B) Review of resident #001's hard copy HIR form for an unwitnessed fall, noted a HIR was not completed at a specific time, as required.

In an interview, the Director of Care (DOC) reviewed resident #001's HIR form and confirmed staff did not complete the HIR form as required.

Sources:
Review of resident #001's clinical record, including Post Fall Assessments and HIR forms, Mount Hope Centre for Long-Term Care's "Head Injury Routine Guidelines" policy with a revision date of August 14, 2019, the home's Head Injury Routine Form dated

August 2019, and interviews with RPN #106, ADOC #107 and the DOC. [s. 8. (1)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: 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:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in resident #001 and #005's plan of care was based on resident #001 and #005's needs and preferences related to bathing.

A) In an interview, Personal Support Worker (PSW) #105 stated resident #001 liked to be bathed at a certain time of day. PSW #105 stated if a new staff member tried to bathe resident #001 after that time, resident #001 would refuse.

Review of resident #001's care plan noted no documentation related to resident #001's preference to have a bath at a certain time of day.

In an interview, Registered Practical Nurse (RPN) #106 reviewed resident #001's care plan with Inspector #522 and confirmed that resident #001's care plan did not include resident #001's time preference to have a bath.

In an interview, Assistant Director of Care (ADOC) #107 stated if a resident preferred a bath at a certain time, this should be included in their care plan so part time staff that were new on the floor were aware of the resident's preferences.

B) Review of resident #005's Point of Care (POC) Documentation Survey Report noted resident #005 refused a bath on many occasions.

Resident #005's care plan did not include resident #005's preference of a bath or shower, how many staff the resident required for assistance and how resident #005 participated in bathing. There were no interventions in resident #005's plan of care related to resident #005's refusal to have a bath or shower.

In an interview, Assistant Director of Care (ADOC) #107 reviewed resident #005's care plan with Inspector #522 and confirmed resident #005's care plan did not include the resident's preferences regarding bathing and interventions regarding resident #005's refusal to have a bath. ADOC #107 stated preferences and interventions should be included a resident's care plan so part time staff that were new on the floor were aware of the resident's preferences.

Sources:
Review of resident #001 and #005's care plan and POC Documentation Survey Report, interviews with PSW #105, RPN #106 and ADOC #107. [s. 6. (2)]

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 care set out in resident #001 and #005's plan of care is based on the resident needs and preferences related to bathing, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Findings/Faits saillants :

1. The licensee failed to ensure that resident #001, #004, and #005 received preventive and basic foot care services including the cutting of toenails to ensure comfort and prevent infection and fingernail care, including the cutting of fingernails.

A) Resident #001's care plan noted under nail care that resident #001 was to have their fingernails and toenails cut during their twice weekly bath. If cutting was not required, staff were to ensure resident #001's nails were clean and filed as needed. Staff were to document the care given.

Review of resident #001's Point of Care (POC) Documentation Survey Report noted foot care and nail care was not completed on five occasions during a two month period. Further review noted that resident #001 refused nail care on one occasion during that same time period.

In an interview, resident #001's family member complained that resident #001 did not receive proper foot and nail care.

B) Review of resident #004's care plan noted under nail care that resident #004 was to have their fingernails and toenails cut during their twice weekly bath. If cutting was not required, staff were to ensure resident #004's nails were clean and filed as needed. Staff were to document the care given.

Review of resident #004's POC Documentation Survey Report noted foot care and nail care was not completed on two occasions during a specific month.

In an interview, resident #004 stated they received nail care with their bath but sometimes their baths were missed due to staffing.

C) Review of resident #005's care plan noted under nail care that resident #005 was to have their fingernails and toenails cut during their twice weekly bath. If cutting was not required, staff were to ensure resident #005's nails were clean and filed as needed. Staff were to document the care given.

Review of resident #005's POC Documentation Survey Report noted foot care and nail care was not completed on multiple dates during two specific months.

Further review noted that resident #005 refused foot care and nail care four times during that same time period.

In an interview, Personal Support Worker (PSW) #105 stated foot and nail care should be done twice a week with a resident's bath and documented on POC. PSW #105 stated if they noticed a resident had dirty or long nails, they would complete nail care as needed, but it came down to having time and staff.

In an interview, Registered Practical Nurse (RPN) #106 stated if a resident refused foot care and nail care the resident would not have it completed later.

In an interview, Assistant Director of Care (ADOC) #107 reviewed resident #001, #004, and #005's POC Documentation Survey Report with Inspector #522 and acknowledged resident #001, #004, and #005 did not receive foot care and nail care. ADOC #107 stated foot care and nail care should be documented as well any reattempts if the resident were to refuse foot care and nail care.

Sources:
Resident #001, #004, and #005's clinical record including care plan, progress notes and Documentation Survey Report; interviews with resident #004, resident #001's family member, PSW #105, RPN #106 and ADOC #107. [s. 35.]

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 residents receive preventive and basic foot care services including the cutting of toenails to ensure comfort and prevent infection and fingernail care, including the cutting of fingernails, to be implemented voluntarily.

Issued on this 16th day of February, 2022

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l’inspecteur (No) :	JULIE LAMPMAN (522)
Inspection No. / No de l’inspection :	2022_988522_0002
Log No. / No de registre :	015538-21, 016289-21
Type of Inspection / Genre d’inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Feb 16, 2022
Licensee / Titulaire de permis :	St. Joseph's Health Care, London 268 Grosvenor Street, P.O. Box 5777, London, ON, N6A-4V2
LTC Home / Foyer de SLD :	Mount Hope Centre for Long Term Care 21 Grosvenor Street, P.O. Box 5777, London, ON, N6A-1Y6
Name of Administrator / Nom de l’administratrice ou de l’administrateur :	Andrew Adamyk

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

To St. Joseph's Health Care, London, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Order / Ordre :

The licensee must comply with s. 33 (1) of O. Reg. 79/10.

Specifically,
A) Resident #004 and #005 receive a bath twice weekly;
B) Develop and implement an auditing process to ensure that all residents receive a bath or shower, as per their individualized plan of care.
C) A documented record of these audits must be kept in the home and must include the dates conducted, the names and signatures of the participants, the results of the review and what changes were implemented as a result of the review;
D) Audits shall be conducted for six months or until compliance is achieved.

Grounds / Motifs :

1. The licensee has failed to ensure that resident #001, #004, and #005 received a bath twice weekly.

A) Review of resident #001's electronic care plan in Point Click Care (PCC) noted that resident #001 was to receive a bath twice a week.

Review of resident #001's Point of Care (POC) Documentation Survey Report noted the absence of documentation to support resident #001 received a bath on two separate occasions in a specific month.

Further review noted resident #001 refused a bath that same month. There was no documentation to support that attempts were made to reapproach resident

#001 for a bath when resident refused or missed their bath.

In an interview, Personal Support Worker (PSW) #105 stated resident #001 would refuse to have a bath at a particular time during the day. PSW #105 stated that if a resident refused their bath, they would not be bathed until the next bath day, as there was not enough time.

B) Review of resident #004's electronic care plan in PCC noted that resident #004 was to receive a bath twice a week.

Review of resident #004's POC Documentation Survey Report noted the absence of documentation to support resident #004 received a bath on two separate occasions in a specific month.

There was no documentation to support that attempts were made to reapproach resident #004 for a bath when resident #004 missed bath their bath.

In an interview, resident #004 stated when the floor was short staffed they missed their bath. Resident #004 stated they had complained to the home about this.

C) Review of resident #005's electronic care plan in PCC noted that resident #005 was to receive a bath twice a week.

Review of resident #005's POC Documentation Survey Report noted the absence of documentation to support resident #005 received a bath on three occasions in a specific month. Documentation also noted resident #005 refused a bath on four occasions in that same month.

Further review noted the absence of documentation to support resident #005 received a bath on four occasions during another month. Documentation also noted resident #005 refused a bath on three occasions in that same month.

There was no documentation to support that attempts were made to reapproach resident #005 for a bath when resident #005 refused or missed a bath.

In an interview, Registered Practical Nurse (RPN) #106 stated if they were short

staffed they would pull the bath person and residents may only get a good wash not a bed bath.

In an interview, Assistant Director of Care (ADOC) #107 reviewed resident #001, #004, and #005's POC Documentation Survey Report with Inspector #522 and confirmed that resident #001, #004, and #005 did not receive a bath twice weekly.

ADOC #107 stated staff should document if a resident refused or missed a bath in POC and the resident's progress notes and if it was not there then it was missed.

An order was made by taking the following factors into account:

Severity: There was minimal risk to residents by not having a twice weekly bath.
Scope: This non-compliance was widespread as three out of three residents had missed baths.
Compliance History: A voluntary plan of correction (VPC) was issued to the same subsection of O. Reg 79/10 within the past 36 months. (522)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 13, 2022

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10 s. 8. (1)(b).

Specifically,
A) All residents who experience an unwitnessed fall will have a head injury routine completed as per the home's head injury routine policy;
B) The home will complete education with all registered staff members on Marian Villa 3 home area related to the home's head injury routine policy;
C) A record must be kept of the training, including the dates of the training and the staff members who completed the training.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's "Head Injury Routine Guidelines" policy was complied with when resident #001 had an unwitnessed fall on four separate occasions.

O. Reg. 79/10 s. 48 (1) 1 states, "Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury."

O. Reg. 79/10 s.30 (1) 1 states, "For each of the interdisciplinary programs required under section 48 of this Regulation: There must be a written description of the program that includes its goals and objectives and relevant policies,

procedures and protocols…"

Review of Mount Hope Centre for Long-Term Care's "Head Injury Routine Guidelines" policy noted in part, "When a resident has sustained a known or suspected head injury through a fall or staff cannot determine the nature of what occurred (e.g. a mentally incapable resident cannot reliably say what occurred during a fall) complete a neurological status check as per the Neurological Record."

Review of the home's Head Injury Routine Form noted a Head Injury Routine (HIR) was to be initiated for all unwitnessed falls.

A HIR was to be completed at the following intervals:
• every 30 minutes for 1 hour, then
• every hour for 4 hours, then
• every 4 hours X 5 (20 hours total), then
• every 8 hours X 3 (24 hours total)

A) Review of resident #001's Post Falls Assessments in Point Click Care (PCC) noted resident #001 had three unwitnessed falls and was unable to give an accurate account of what happened after each fall.

In an interview, Registered Practical Nurse (RPN) #106 stated the home's previous HIR policy was to complete a HIR for an unwitnessed fall but the policy had changed. RPN #106 stated they would complete a HIR if it looked like the resident might have hit their head, if they found any lumps or bumps on their head or if the resident stated they hit their head.

RPN #106 reviewed resident #001's Post Fall Assessments with Inspector #522. RPN #106 stated they would not have completed a HIR when resident #001 had three unwitnessed falls.

In an interview, Assistant Director of Care (ADOC) #107 reviewed resident #001's Post Fall Assessments with Inspector #522. ADOC #107 stated a HIR should have been completed for resident #001's unwitnessed falls, due to their cognitive status. ADOC #107 stated a HIR should be completed for any resident who had an unwitnessed fall.

B) Review of resident #001's hard copy HIR form for an unwitnessed fall, noted a HIR was not completed at a specific time, as required.

In an interview, the Director of Care (DOC) reviewed resident #001's HIR form and confirmed staff did not complete the HIR form as required.

Sources:
Review of resident #001's clinical record including Post Fall Assessments and HIR forms, Mount Hope Centre for Long-Term Care's "Head Injury Routine Guidelines" policy with a revision date of August 14, 2019, the home's Head Injury Routine Form dated August 2019, and interviews with RPN #106, ADOC #107 and the DOC.

An order was made by taking the following factors into account:

Severity: Head Injury Routine assessments were not completed or incomplete after resident #001 had four unwitnessed falls. This put resident #001 at actual risk as staff had the potential to miss post fall injuries.
Scope: The scope of this non-compliance was isolated.
Compliance History: A voluntary plan of correction (VPC) was issued on two separate occasions to this section of O. Reg. 79/10 within the last 36 months. (522)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 13, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 16th day of February, 2022

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Julie Lampman

Service Area Office /
Bureau régional de services : London Service Area Office