

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

**Rapport d'inspection prévue
sous *la Loi de 2007 sur les
foyers de soins de longue
durée***

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Jul 25, 2019	2019_573581_0010	011208-19	Critical Incident System

Licensee/Titulaire de permis

Niagara Health System
63 Third Street Welland Hospital Site WELLAND ON L3B 4W6

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

Niagara Health System, Welland Hospital Site, Extended Care Unit
65 Third Street WELLAND ON L3B 4W6

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

DIANNE BARSEVICH (581)

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): July 23 and 24, 2019.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Worker (PSW) and Ward Clerk.

During the course of the inspection, the inspector reviewed relevant records including but not limited to policies and procedures, clinical health records, training records and program evaluations.

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

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)

During the course of this inspection, Administrative Monetary Penalties (AMP) were not issued.

0 AMP(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 AMP – Administrative Monetary Penalty</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités AMP – Administrative Monetary Penalty</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>AMP (s) may be issued under section 156.1 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> <p>AMP (s) may be issued under section 156.1 of the LTCHA</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 failed to ensure policies included in the required Falls Prevention and Management program were complied with.

In accordance with O. Reg. 79/10, s. 48(1) 1 the licensee was required to have an interdisciplinary Fall Prevention and Management program and in accordance with O. Reg. 79/10, s. 49(1), the licensee was required to ensure that the falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

The licensee's policy, Falls Prevention and Management, page number F-10, last revised in February 2018, directed under Post Fall Management that registered staff would monitor the resident post fall which included head injury routine.

The licensee's policy, Head Injury Routine (HIR), page number H-05, last revised in February 2018, directed that the head injury routine assessment was initiated by registered staff if a witnessed, suspected or reported head injury occurred. The HIR would be completed post fall every half hour for the first hour, every hour for the next four hours, every four hours for the next 24 hours and every 8 hours for the next 48 hours. (67 hours post injury).

A. Review of CIS report identified that resident #001 had an unwitnessed fall and sustained an injury.

A review of the clinical record for resident #001, identified they had two unwitnessed falls

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with one fall resulting in an injury.

Review of the plan of care identified that the Neurological Assessment Record was not initiated post falls.

During an interview with the DOC, they stated it was the licensee's expectation that the HIR would be completed post unwitnessed fall, unless the resident was unable to report to the registered staff whether they hit their head. The DOC stated that resident #001 was not able to report to staff if they hit their head and that the HIR should have been completed after both unwitnessed falls.

Following a review of the plan of care with the DOC, they acknowledged that the head injury routine was not completed by the registered staff after resident #001 had two unwitnessed falls and confirmed that the licensee's policy was not complied with.

B. A review of the post fall assessment for resident #002 identified that they had an unwitnessed fall and sustained an injury.

A review of the plan of care identified that that the Neurological Assessment Record was not initiated post fall.

During an interview with RPN #101 they stated that registered staff were to complete the HIR for all residents that had an unwitnessed fall. Following a review of the plan of care with RPN #101, they stated that resident #002 had an unwitnessed fall, sustained an injury and confirmed the HIR was not completed as directed by the licensee's policy.

The licensee's Head Injury Routine policy was not complied with. [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 policies that are included in the required Falls Prevention and Management program are complied with, to be implemented voluntarily.

Issued on this 25th day of July, 2019

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

Original report signed by the inspector.