Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

London District
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London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: April 15, 2024	
Inspection Number: 2024-1270-0002	
Inspection Type: Critical Incident	
Licensee: Park Lane Terrace Limited	
Long Term Care Home and City: Park Lane Terrace, Paris, ON	
Lead Inspector Debbie Warpula (577)	**Inspector Digital Signature** Debbie L Warpula Digitally signed by Debbie L Warpula Date: 2024.04.15 17:21:57 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 3, 4, 8, 9, 2024
The inspection occurred offsite on the following date(s): April 5, 2024

The following intake(s) were inspected:

- Intake: #00109083 - 2779-000004-24 related to qualifications of a staff member and resident safety;
- Intake: #00109499 - 2779-000008-24 related to Infection Control; and
- Intake: #00111683 - 2779-000015-24 related to a resident fall with injury.

Inspector Stephanie Morrison (000831) was also present during this inspection.

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

Infection Prevention and Control
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised related to fall precaution interventions.

Rationale and Summary:
A Critical Incident System (CIS) report was received by the Director related to a resident's fall with injury.

Inspector #577 noted that the resident's most recent care plan indicated the use of

specific assistive devices. The care plan had not indicated a specified intervention.

Review of a progress note on an identified date, indicated that the resident had specific assistive devices. A progress note dated 15 days later, indicated that the resident had a change in their health condition, and their current fall prevention interventions included a specified intervention.

During an interview with the Fall's Lead, they advised that the resident no longer required specific assistive devices as indicated in their care plan. They stated that the assistive devices were used previously when the resident was in a specific health condition and were not implemented now. They further advised that a specified intervention was implemented and not documented in the care plan. On that day, they updated the care plan to reflect those changes.

The resident was at risk as they were a specific fall risk, their interventions weren't reflective of their current needs and there was risk that a specified intervention would not be implemented.

Sources: review of a CIS report, the home's policy "Care plan and Plan of Care", resident's care plan and progress notes, observations of the resident, staff interviews with an RN and the DOC.

[577]

Date Remedy Implemented: April 3, 2024

WRITTEN NOTIFICATION: Care Plan

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised related to the use of a specific mobility aid.

Rationale and Summary:
A CIS report was received by the Director related to a resident's fall with an injury.

During observations of a resident, Inspector #577 noted the resident in a specific mobility aid, in a particular position.

A review of the progress notes indicated that on a two specified dates, the resident was placed in a specific mobility aid for their care needs.

A record review of the resident's care plan had not indicated the use of a specific mobility aid.

During an interview with a Registered Nurse (RN), they acknowledged that the specific mobility aid was not documented in the care plan.

During an interview with the Director of Care (DOC) they advised that registered staff were responsible for updating residents care plans.

The resident was at risk as they were a specific fall risk and their interventions weren't reflective of their current needs.

Sources: review of CIS report, the home's policy "Personal Assistance Service Devices", the home's policy "Care plan and Plan of Care", a resident's care plan and progress notes, observations of a resident, staff interviews with an RN and the DOC.

[577]

WRITTEN NOTIFICATION: Reporting and Complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the written response provided to a complainant, included the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

Rationale and Summary:
The home received a written complaint on an identified date.

Three days later, the DOC sent a written response to the complainant. The written response did not include the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman.

During an interview with the DOC, they advised that the only written response that the home provided to the complainant was on the identified date, acknowledging receipt of the complaint, an initiation of an investigation and that the home would be submitting the concern to the Ministry of Long-Term Care (MLTC).

Sources: review of written complaint, review of the home's policy "Response to Complaints", written response email to complainant, an employee file and training records, and an interview with the DOC.

[577]

WRITTEN NOTIFICATION: Reporting and Complaints

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. ii. A.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,

ii. an explanation of,
A. what the licensee has done to resolve the complaint

The licensee has failed to ensure that a response entailing what the licensee has done to resolve a complaint, or that the licensee believes the complaint to be unfounded, together with the reasons for the belief, after receiving a written complaint.

Rationale and Summary:
The home received a written complaint on an identified date.

Review of the home's policy "Response to Complaints – 001400.00" indicated that written or verbal complaints were investigated, and actions were taken for resolution. A response would be made to all complaints within ten days. If the complaint cannot be resolved within ten days, the complaint would be acknowledged and a date for resolution of the complaint would be given to the complainant.

On an identified date, the DOC sent a written response to the complainant which indicated that they had begun an investigation and their complaint would be forwarded to the MLTC.

During an interview with the DOC, they advised that the only written response that the home provided to the complainant was on the identified date, acknowledging receipt of the complaint, an initiation of an investigation and that their concern would be forwarded to the MLTC.

Sources: review of written complaint, review of the home's policy "Response to

Complaints", written response email to complainant, an employee file and training records, and an interview with the DOC.

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