

### 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

#### **Central West District**

609 Kumpf Drive, Suite 105 Waterloo, ON, N2V 1K8

# **Original Public Report**

| Report Issue Date: July 7, 2023                        |                             |
|--|-----------------------------|
| Inspection Number: 2023-1112-0003                      |                             |
| Inspection Type:                                       |                             |
| Critical Incident (CI) System                          |                             |
|  |                             |
| Licensee: Revera Long Term Care Inc.                   |                             |
| Long Term Care Home and City: Pinecrest Manor, Lucknow |                             |
| Lead Inspector   | Inspector Digital Signature |
| Katherine Adamski (#753)                               |                             |
| Additional Inspector(s)                                |                             |
| N/A  |                             |

## **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): June 5, 6, 7, 2023 The inspection occurred offsite on the following date(s): June 8, 2023

The following intake(s) were inspected:

Intake: #00022208 – related to Falls Prevention and Management

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control Falls Prevention and Management

## **INSPECTION RESULTS**

### **COMPLIANCE ORDER CO # Plan of Care**

**NC # Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.** Non-compliance with: FLTCA, 2021, s. 6 (7)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:



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#### The licensee shall:

1) Review and revise the home's process for ensuring that all residents, including non-cognitive residents, have their fall prevention interventions implemented in the dining room. The process should include a procedure for monitoring residents in the dining room regardless of their cognitive status and identifying which staff is responsible for ensuring that residents have their fall prevention interventions in place in the dining room. The documented process should be maintained in the home and include the date it was implemented.

2) Educate all Personal Support Worker's (PSW) and registered staff on the revised dining room process. The education provided to PSW's and registered staff is to be documented including the date provided, who it was provided by, who attended, and the content of the education. This document must be maintained in the home.

#### Grounds

The licensee failed to ensure that the care set out in the plan of care was provided to a resident related to their fall prevention interventions.

#### **Rationale and Summary**

A resident required a specific fall prevention intervention related to their impaired cognition and risk of falls. The home's dining process did not include a process for ensuring that fall prevention interventions were in place for cognitively impaired residents.

The resident left the dining room without staff ensuring that the fall intervention was in place resulting in the resident falling and passing away from their injuries.

**Sources:** the home's internal investigation, a resident's plan of care and hospital records, interviews with the DOC and other staff.

This order must be complied with by: August 18, 2023



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### **REVIEW/APPEAL INFORMATION**

#### TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

#### Director

c/o Appeals Coordinator Long-Term Care Inspections Branch Ministry of Long-Term Care 438 University Avenue, 8<sup>th</sup> floor Toronto, ON, M7A 1N3 e-mail: <u>MLTC.AppealsCoordinator@ontario.ca</u>

If service is made by:

(a) registered mail, is deemed to be made on the fifth day after the day of mailing

(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.

(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by



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the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

#### Health Services Appeal and Review Board

Attention Registrar 151 Bloor Street West, 9<sup>th</sup> Floor Toronto, ON, M5S 1S4

#### Director

c/o Appeals Coordinator Long-Term Care Inspections Branch Ministry of Long-Term Care 438 University Avenue, 8<sup>th</sup> Floor Toronto, ON, M7A 1N3 e-mail: <u>MLTC.AppealsCoordinator@ontario.ca</u>

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website <u>www.hsarb.on.ca</u>.