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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 1-800-461-7137
HamiltonSAO.moh@ontario.ca

Original Public Report

Report Issue Date May 20, 2022
Inspection Number #2022_1490_0001
Inspection Type
☒ Critical Incident System ☐ Complaint ☒ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
The Governing Council of the Salvation Army in Canada
2 Overlea Blvd. Toronto, ON, M4H-1P4

Long-Term Care Home and City
R. H. Lawson Eventide
Niagara Falls, ON, L2E-1K5

Choose an item.
Roseanne Western (#508)

Additional Inspector(s)
Gillian Hunter (#130), Aileen Graba (682)

Inspector Digital Signature
Roseanne Western
2022.06.03 12:14:21 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): April 25, 26, 27, 28, 29, May 2, 3, 5, 2022.

The following intake(s) were inspected:

- intake #018633-21 related to the improper care of a resident;
- intake #016506-21 and #004651-22 related to falls resulting in injuries;
- Intake #014600-21 related to responsive behaviours;
- intake #015457-21 Follow up to Compliance Order (CO) #001 issued on September 24, 2021 under Inspection Report #2021_575214_0011 related to the Long-Term Care Homes Act (LTCHA), r.75(2) with a compliance due date of February 4, 2022.

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10	r. 75(2)	2021_575214_0011	001	#682

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Responsive Behaviours

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were *no findings of non-compliance*.

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)

FLTCA, 2021 s. 6 (1) (a)

The licensee failed to ensure that there was a written plan of care for resident #003 that set out the planned care for the resident related to responsive behaviours.

Rational and Summary
A resident who had a known history of responsive behaviours was at risk for harm when an incident occurred in 2022. Staff interviewed confirmed the resident had interventions in place to minimize the risk of re-occurrence. The care plan did not include any of the reported interventions. There was no impact and low risk to the resident when the interventions had not been included in the resident's plan of care.

Date Remedy Implemented
May 5, 2022 (#130)

NC#002 remedied pursuant to FLTCA, 2021, s. 154(2)

FLTCA, 2021 s.6 (10)

The licensee failed to ensure that the plan of care for resident #002 related to falls prevention interventions was revised when their interventions had changed.

Rational and Summary
The plan of care indicated the resident was at risk for falls and interventions were implemented. During observations on two identified dates, it was noted the resident did not have one of the interventions in place. Registered staff confirmed the care plan was not updated when the interventions changed. Registered staff updated the plan of care and removed the intervention that was no longer required. There was no impact and low risk to the resident when the care plan was not updated.

Date Remedy Implemented
April 28, 2022 (#130)

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