



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 31, 2015	2015_217137_0039	019876-15	Complaint

Licensee/Titulaire de permis

SHANTI ENTERPRISES LIMITED
600 White's Road PALMERSTON ON N0G 2P0

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

ROYAL TERRACE
600 White's Road PALMERSTON ON N0G 2P0

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

MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

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

This inspection was conducted on the following date(s): August 17-21 and 24-26, 2015

This Complaint Inspection was completed during the Resident Quality Inspection (RQI).

During the course of the inspection, the inspector(s) spoke with Director of Care, a Registered Practical Nurse, two Personal Support Workers, Director of Life Enrichment, a Physiotherapist and a Resident.

The Inspector also reviewed resident's clinical records, risk reports, relevant policies and procedures, staff education records related to fall prevention and observed resident's room.

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

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

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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>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>

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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

A review of the Falls Risk Management Policy # 05-00-02, effective August 6, 2015, revealed residents are to have a Fall Risk Assessment completed on Point Click Care within 24 hours of admission and, after a post fall incident, the care plan is to be updated to ensure interventions are appropriate to reflect the resident's care needs to prevent further falls.

The Falls Risk Management Policy was not complied with.

A review of the clinical records, for an identified resident, revealed the resident had a history of falls but there was no documented evidence that a Fall Risk Assessment was completed upon admission.

The care plan was not updated, after a post fall incident, to ensure appropriate interventions were identified to reflect the resident's care needs to prevent further falls.

During an interview with the Director of Care, it was confirmed the home's policy had not been complied with, as well as the expectation that residents are to have a Fall Risk Assessment completed on Point Click Care within 24 hours of admission and, after a post fall incident, the care plan is to be updated to ensure interventions are in place to mitigate further falls. [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 the Falls Risk Management Policy is complied with, specifically related to the completion of fall risk assessments and updating care plans after a post fall incident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management



Specifically failed to comply with the following:

s. 49. (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 79/10, s. 49 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that equipment, supplies, devices and assistive aids for the falls prevention and management program are readily available at the home.

During an interview with the Director of Care, it was revealed that hip protectors are encouraged, at a cost to the residents. There is no additional equipment, supplies, devices and assistive aids for the falls prevention and management program, such as chair alarms, impact floor mats, hi-lo beds available and the falling leaf logos are not consistently in place for the falls prevention and management program, as measures to mitigate falls.

The Director of Care confirmed the home does not have equipment, supplies, devices and assistive aids for the falls prevention and management program readily available. [s. 49. (3)]

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 equipment, supplies, devices and assistive aids for the falls prevention and management program are readily available at the home, to be implemented voluntarily.

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. (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,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

An identified resident sustained a fall, resulting in injury and a significant change in the resident's health status and care needs.

A review of the resident's care plan revealed there was no documented evidence that the plan was revised to reflect a change to the resident's diagnosis.

Fall prevention strategies were not identified on the care plan, such as the falling leaf program and the call bell usage.

During an interview with the Director of Care, it was confirmed that the care plan was not revised to reflect the changes to the resident's diagnosis and care needs, as well as the expectation that care plans be revised when a resident's care needs change. [s. 6. (10) (b)]



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

Issued on this 31st day of August, 2015

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

Original report signed by the inspector.