

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

Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée

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

Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée

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| Report Date(s) /<br>Date(s) du Rapport | Inspection No /<br>No de l'inspection | Log # /<br>No de registre | Type of Inspection /<br>Genre d'inspection |
|----------------------------------------|---------------------------------------|---------------------------|--------------------------------------------|
| Oct 5, 2020                            | 2020_777731_0018                      | 015394-20                 | Critical Incident<br>System                |

Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited  
264 Norwich Avenue WOODSTOCK ON N4S 3V9

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

Caressant Care Courtland  
4850 Hwy #59 P.O. Box 279 Courtland ON N0J 1E0

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

KRISTEN MURRAY (731)

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): September 30, and October 1, 2020.**

**The following Critical Incident intake was completed within this inspection:**

**Related to falls prevention**

**Critical Incident Log #015394-20 / CI 2826-000028-20**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Resident Assessment Instrument (RAI) Coordinator, a Registered Nurse (RN), a Personal Support Worker (PSW), and residents.**

**The inspector also observed resident rooms and common areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, and reviewed the home's internal investigation documentation.**

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

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>                                                                                                                                                                                                                          | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>WAO – Ordres : travaux et activités</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>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 :**

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1. The licensee has failed to ensure the policies related to falls management and head injury routine were complied with, for a resident.

O. Reg. 79/10 s. 48 (1) requires a falls prevention and management program to reduce the incidence of falls and the risk of injury.

O. Reg. 79/10 s. 49 (1) and O. Reg. 79/10 s. 49 (2) requires that the program provides strategies to reduce or mitigate falls, including the monitoring of residents, and when a resident has fallen, a post-fall assessment is conducted, respectively.

Specifically, staff did not comply with the home's policies and procedures "Safety Plan – Resident", last reviewed May 2018, including Appendix D, and "Head Injury Routine", last reviewed September 2019.

The falls management policy, and head injury routine (HIR) policy required staff to complete a post fall investigation, complete HIR, and complete a fall risk assessment after each fall a resident has had.

A resident had three falls, and post fall investigations, HIR, and fall risk assessments were not documented for each of the falls. A Registered Nurse (RN) confirmed that the post fall investigation, HIR, and fall risk assessments should have been completed for the resident. The Administrator confirmed that they could not locate the post fall investigations and HIR for the resident. There was increased risk to the resident related to the assessments and HIR not documented.

Sources: "Safety Plan – Resident" policy (last reviewed May 2018), "Head Injury Routine" policy (last reviewed September 2019); a resident's progress notes, assessments, and paper chart; and interviews with a RN and other staff. [s. 8. (1) (a), s. 8. (1) (b)]

**Issued on this 9th day of October, 2020**

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

**Original report signed by the inspector.**