



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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**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**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : TAMMY SZYMANOWSKI (165)

Inspection No. /

No de l'inspection : 2014_202165_0026

Log No. /

Registre no: 005424-14

Type of Inspection /

Genre

Critical Incident System

d'inspection:

Report Date(s) /

Date(s) du Rapport : Oct 10, 2014

Licensee /

Titulaire de permis : ST. JOSEPH'S HEALTH SYSTEM
574 Northcliffe Avenue, DUNDAS, ON, L9H-7L9

LTC Home /

Foyer de SLD : ST JOSEPH'S HEALTH CENTRE, GUELPH
100 WESTMOUNT ROAD, GUELPH, ON, N1H-5H8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MARIANNE WALKER

To ST. JOSEPH'S HEALTH SYSTEM, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee shall ensure that all residents identified to have specific falls interventions in place to mitigate risk as set out in their plan of care, shall receive the care as specified in the plan.

Grounds / Motifs :

1. LTCHA, 2007 S.O. 2007, c.8, s.6.(7) was previously issued as a VPC October 21, 2013.

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The plan of care for resident #001 related to Falls identified that the resident was at high risk for falls and indicated the resident was to have a specific falls intervention in place.

In September 2014, the resident's bed alarm alerted staff and the resident was found on the floor.

Record review indicated and the Director of Care confirmed that the resident did not have the specific falls intervention in place at the time of the fall and the resident did not receive the care that was specified in the plan (165)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 17, 2014



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section 154 of the *Long-Term Care
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Aux termes de l'article 153 et/ou
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall ensure that the plan, policy, protocol, procedure, strategy or system related to the Falls Prevention and Management program is complied with.

Grounds / Motifs :

1. The home's Fall Prevention and Management Policy indicated that in order for the home to facilitate communication of fall risk, residents would have colour coded stickers placed outside their doors on their name plates. Green stickers indicated no or low risk, yellow stickers indicated high risk and red stickers indicated the resident has fallen within the last 48 hours.

The home's Fall Prevention and Management Policy indicated that residents who sustained a fall would have comfort rounds completed every 30 minutes until they have been fall free for 48 hours.

The home's Fall Prevention and Management Policy indicated post fall that staff would obtain vital signs every eight hours for the 48 hours following the fall and observe for possible injuries that were not evident at the time of the fall, mental status changes, and restrictions in mobility.

The Director of Care reported that the home currently did not use colour coded stickers to facilitate communication of residents fall risks.



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

In September 2014, the bed alarm of resident #001 alerted staff to the resident's room. The resident was found on the floor and had sustained an unwitnessed fall. The Registered Practical Nurse assessed the resident at the time to have no apparent injuries.

Twelve hours later a Personal Support Worker reported to the Registered Practical Nurse on duty that the resident had a change in health condition.

The resident was not checked by Personal Support Workers for a two and a half hour period at which time the resident's health condition had changed. The Director of Care confirmed that comfort rounds were not completed every 30 minutes for this resident as indicated in the home's policy.

A review of the resident's clinical health record indicated that the Registered Practical Nurse on duty when the change in condition occurred did not complete an assessment of the resident during their shift that included: obtaining vitals every eight hours, observing the resident for possible injuries not evident at the time of the fall and mental status change. The Director of care confirmed that the Registered Practical Nurse did not complete and record an assessment of the resident during their shift and the home's Fall Prevention and Management Policy was not followed. (165)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 01, 2014



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Ordre(s) de l'inspecteur

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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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Ordre(s) de l'inspecteur

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de l'article 154 de la *Loi de 2007 sur les foyers
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of October, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : TAMMY SZYMANOWSKI

Service Area Office /

Bureau régional de services : London Service Area Office



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Soins de longue durée**

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

**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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 10, 2014	2014_202165_0026	005424-14	Critical Incident System

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
574 Northcliffe Avenue, DUNDAS, ON, L9H-7L9

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

ST JOSEPH'S HEALTH CENTRE, GUELPH
100 WESTMOUNT ROAD, GUELPH, ON, N1H-5H8

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

TAMMY SZYMANOWSKI (165)

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 24, 2014

During the course of the inspection, the inspector(s) spoke with The Director of Care and Registered Staff

During the course of the inspection, the inspector(s) Reviewed the resident's clinical health record and policy and procedures

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



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The plan of care for resident #001 related to Falls identified that the resident was at high risk for falls and indicated the resident was to have a specific falls intervention in place.

In September 2014, the resident's bed alarm alerted staff and the resident was found on the floor.

Record review indicated and the Director of Care confirmed that the resident did not have the specific falls intervention in place at the time of the fall and the resident did not receive the care that was specified in the plan. [s. 6. (7)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The home's Fall Prevention and Management Policy indicated that in order for the home to facilitate communication of fall risk, residents would have colour coded stickers placed outside their doors on their name plates. Green stickers indicated no



or low risk, yellow stickers indicated high risk and red stickers indicated the resident has fallen within the last 48 hours.

The home's Fall Prevention and Management Policy indicated that residents who sustained a fall would have comfort rounds completed every 30 minutes until they have been fall free for 48 hours.

The home's Fall Prevention and Management Policy indicated post fall that staff would obtain vital signs every eight hours for the 48 hours following the fall and observe for possible injuries that were not evident at the time of the fall, mental status changes, and restrictions in mobility.

The Director of Care reported that the home currently did not use colour coded stickers to facilitate communication of residents fall risks.

In September 2014, the bed alarm of resident #001 alerted staff to the resident's room. The resident was found on the floor and had sustained an unwitnessed fall. The Registered Practical Nurse assessed the resident at the time to have no apparent injuries.

Twelve hours later a Personal Support Worker reported to the Registered Practical Nurse on duty that the resident had a change in health condition.

The resident was not checked by Personal Support Workers for a two and a half hour period at which time the resident's health condition had changed. The Director of Care confirmed that comfort rounds were not completed every 30 minutes for this resident as indicated in the home's policy.

A review of the resident's clinical health record indicated that the Registered Practical Nurse on duty when the change in condition occurred did not complete an assessment of the resident during their shift that included: obtaining vitals every eight hours, observing the resident for possible injuries not evident at the time of the fall and mental status change. The Director of care confirmed that the Registered Practical Nurse did not complete and record an assessment of the resident during their shift and the home's Fall Prevention and Management Policy was not followed. [s. 8. (1) (a),s. 8. (1) (b)]



Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :



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1. The licensee failed to ensure that a written record relating to the evaluation of the falls prevention and management program including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented was kept.

The Director of Care reported that the home currently did not have an active falls committee in place and there was no written evaluation of the falls prevention and management program since 2012. [s. 30. (1) 4.]

Issued on this 10th day of October, 2014

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