



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

**Ministère de la Santé et des
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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 25, 2013	2013_183135_0068	L-000781-13	Critical Incident System

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF WATERLOO
150 Frederick Street, KITCHENER, ON, N2A-4J3

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

SUNNYSIDE HOME
247 FRANKLIN STREET NORTH, KITCHENER, ON, N2A-1Y5

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 20, 2013.

During the course of the inspection, the inspector(s) spoke with Two Resident Care Coordinators, Infection Control Coordinator, Physiotherapist, Registered Nurse, Registered Practical Nurse, Personal Support Worker and Resident.

During the course of the inspection, the inspector(s) reviewed the critical incident, related internal investigation, resident clinical records, policies and procedures for Falls Prevention and related staff training. Observations of resident were conducted in resident home area.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Critical Incident Response

Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités



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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 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 failed to ensure that the home's strategy to reduce falls for the resident was complied with when the following occurred:

Resident at high risk for falls was assessed by the Physiotherapist as requiring a bed and wheelchair alarm to reduce resident's risk of falls. In an interview the home's Physiotherapist confirmed those intervention were put in place by himself, as part of the residents' plan of care.

During an interview Resident Care Coordinator stated as part of the home's Fall Strategy Program, bed/chair alarms are checked each shift by the Registered Practical Nurse (RPN) or the Registered Nurse (RN) on the Electronic Medication Administration Record (EMARS).

Resident fell from the wheelchair and sustained an injury. As part of the home's critical incident investigation of this fall it was determined that the " alarm in place did not alarm due to malfunction."

Record review with RN and RPN revealed the resident's alarms had not been checked each shift as per home's strategy for bed/chair alarms since the alarms were put in place.

During interview the Resident Care Coordinator confirmed her expectation that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place are complied with related to the home's Falls Prevention Program. [s. 8. (1)]

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 ensuring that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place are complied with related to the home's Falls Prevention Program, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



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Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The Licensee has failed to ensure that procedures are developed and implemented to ensure that equipment, devices, assistive aids and positioning aids in the home are kept in good repair when the following occurred:

Resident at high risk for falls fell and sustained an injury. As part of the home's critical incident investigation of this fall it was determined that the "alarm in place did not alarm due to malfunction."

Interview with Registered Nurse, revealed when alarms are moved from bed to chair there are issues with the connections and they are having difficulty with the alarms. RN stated she now has two alarms that do not work and she was unsure which residents they belong to.

During an interview the Resident Care Coordinator also confirmed a number of alarms were malfunctioning and it was her expectation procedures are developed and implemented for such devices as bed/chair alarms so they are kept in good repair. [s. 90. (2) (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 ensuring that procedures are developed and implemented to ensure that equipment, devices, assistive aids and positioning aids in the home are kept in good repair, to be implemented voluntarily.



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Issued on this 25th day of November, 2013

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

Bonnie MacDonald