

**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
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 16, 2021	2021_717622_0013	007566-21, 008444- 21, 008623-21	Complaint

Licensee/Titulaire de permisArch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation
161 Bay Street Suite 2100 Toronto ON M5J 2S1**Long-Term Care Home/Foyer de soins de longue durée**Perth Community Care Centre
101 Christie Lake Road, R. R. #4 Perth ON K7H 3C6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

HEATH HEFFERNAN (622), MARK MCGILL (733)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 21, 25, 26, 27, 28, 31, 2021 and June 1, 2, 3, 4, 8, 9, 2021.

.The following intakes were completed during this complaint inspection:

**Log #008623-21 related to infection prevention and control and falls prevention.
Log #008444-21 and Log #007566-21 related to sufficient staffing and resident care
and services.**

**NOTE: A Written Notification and Voluntary Plan of Correction related to LTCHA,
2007, c. 8, s. 6 (7). was identified in this inspection and has been issued in a
concurrent inspection, #2021_717622_0012, dated June 09, 2021**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Director of Care (DOC), Admin/Director of Care/IPAC lead, Activity Director, Social
Services Manager, Environmental Coordinator, Maintenance Coordinator, Food
Services Manager, Payroll, Registered Nurses (RN)s, Registered Practical Nurses
(RPN)s, the Physiotherapist, Personal Support Workers (PSW)s, an activity aid and
the residents.**

**Also during the course of the inspection, the inspectors reviewed health records
including risk management notes, post fall assessments, progress notes, care
plans, safety data sheets, the licensee's policies specific to: #INF 07-02-02 dated
May 14, 2021 - Visitors Policy Long-Term Care During COVID-19 Pandemic, #INF 07-
08-01 dated May 26, 2021 - COVID-19 PCR Testing and Antigen Testing Policy and
Access to the Home, # INF-07-06-04 dated April 5, 2021 - Occupational Health and
Covid -19 Vaccination Program for Employees, #05-02-01 dated revised March
2021- Falls - Resident, staff schedules, the licensee's staffing contingency plan and
made observations of resident care and services.**

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Personal Support Services
Safe and Secure Home
Sufficient Staffing**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident fell, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

On a date in May 2021, a resident fell when they stood up independently.

On June 4, 2021, the Director of Care (DOC) stated that for every resident fall, a post fall assessment was expected to be conducted. The post fall assessment used by the long-term care home was the Risk Management document on Point Click Care, which triggered the Huddle-Post Fall or Found on the Floor assessment, and the Morse Fall Scale.

A review of the Risk Management documentation, the Huddle-Post Fall or Found on the Floor assessment, and the Morse Fall Scale on Point Click Care, indicated that a post fall assessment had not been conducted when the resident fell on that date in May 2021.

Sources: review of the health records including, progress notes, the risk management document, interview of the DOC and other staff. [s. 49. (2)]

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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

Issued on this 18th day of June, 2021

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

Original report signed by the inspector.