

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: March 6, 2023	
Inspection Number: 2023-1031-0002	
Inspection Type: Critical Incident System	
Licensee: Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its p	
Long Term Care Home and City: Tilbury Manor Nursing Home, Tilbury	
Lead Inspector Debra Churcher (670)	Inspector Digital Signature
Additional Inspector(s) Inspector Christie Pollier #000749 was present for this inspection.	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
February 21, 22, 23, 28, 2023, March 1 and 2, 2023.

The following intake(s) were inspected:

- Intake: #00005253 - [CI: 1064-000014-22] related to a medication incident.
- Intake: #00008752 - [CI: 1064-000017-22] related to a fall with injury.
- Intake: #00020449 - [CI: 1064-000002-23] related to a fall with injury.

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

- Medication Management
- Infection Prevention and Control
- Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that they implemented, any standard or protocol issued by the Director with respect to infection prevention and control.

Rationale and Summary:

IPAC Standard 10.1 stated, “The licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR). These agents shall be easily accessible at both point-of care and in other resident and common areas, and any staff providing direct resident care must have immediate access to 70-90% ABHR.”

Public Health Ontario Fact Sheet Titled, Selection and Placement of ABHR during COVID-19 in Long-term Care and Retirement Homes stated “do not use expired product. Be sure to note product expiration date when selecting product.”

During the initial tour of the home on February 21, 2023, this Inspector observed 27 expired ABHR throughout the facility.

A housekeeper stated that it was the responsibility of housekeeping to ensure the ABHR was not empty but that they did not monitor expiry dates.

During a tour on February 22, 2023, this Inspector observed all expired ABHR had been replaced.

Sources:

Tours on February 21 and 22, 2023, and interview with a Housekeeper.
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Date Remedy Implemented: February 22, 2023

WRITTEN NOTIFICATION: Administration of Drugs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 140 (1)

The licensee has failed to ensure that no drug was used by or administered to a resident in the home unless the drug had been prescribed for the resident.

Rationale and Summary:

The home submitted a Critical Incident System report (CIS) stating that on a specific date, a medication error occurred resulting in a change in condition for a resident.

During an interview with the Director of Care (DOC) they acknowledged that a medication incident occurred where a resident received medications that were not ordered for them.

Sources:

Critical Incident System report, a resident's clinical record and interview with the DOC.

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WRITTEN NOTIFICATION: Falls Prevention and Management Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 53 (1) 1.

The licensee has failed to ensure that the following interdisciplinary programs were developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury.”

O. Reg. 246/22 r. 11. (1) (b) states “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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, is complied with.”

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Rationale and Summary:

A) Review of a resident's clinical record showed that the resident experienced an unwitnessed fall. The post fall assessment stated that the fall was unwitnessed, the resident was unable to recall the event, the resident did not hit their head and a HIR was not started.

During an interview with the DOC they stated that the fall was unwitnessed and the resident was unable to recall the event and a HIR should have been started but was not.

The homes policy titled Head Injury Routine (HIR), last revised August 12, 2021, stated "All residents who actually and potentially may have sustained an injury to their head (abrasion, cut, swelling, bump or sudden onset of vomiting) following a fall (witnessed or not witnessed) and resident cannot clearly confirm that he/she did not hit his/her head, or impact with an object, must have head injury routine initiated immediately."

Sources:

A resident's clinical record, the home's HIR policy and interview with the DOC.

Rationale and Summary:

B) Review of a resident's clinical record showed fall risk assessments completed in three separate months. All fall risk assessments identified the resident as a high risk for falls.

During an observation of the resident's room this Inspector was unable to find any items or logos identifying the resident was on the falling star program.

The homes policy titled Falling Star Program, last revised January 1, 2016, under the eligibility criteria section, stated "resident who identified as high risk of falling."

During an interview with a Registered Practical Nurse (RPN) they stated that a resident at high risk for falls will be on the falling star program and have stars on their name plate and any equipment that they use.

During an interview with a Physiotherapist (PT) they stated that if a resident has two or more falls in a month they would put the resident on the falling star program and that a resident being identified as a high risk for falls would not result in the resident being placed on the falling star program.

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Sources:

A resident's clinical record, observation of a resident's room and equipment, the homes falling star program policy, and interviews with an RPN and a PT.

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