

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report	
Report Issue Date: August 25, 2023	
Inspection Number: 2023-1299-0004	
Inspection Type: Complaint Critical Incident System	
Licensee: St. Demetrius (Ukrainian Catholic) Development Corporation	
Long Term Care Home and City: Ukrainian Canadian Care Centre, Etobicoke	
Lead Inspector Rajwinder Sehgal (741673)	Inspector Digital Signature
Additional Inspector(s) Cindy Cao (000757)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): August 14, 15, 16, 17, 18, 2023</p> <p>The following intake(s) were inspected in this complaint inspection:</p> <ul style="list-style-type: none"> • Intake: #00091100 – related to multiple concerns pertaining to a resident’s care. <p>The following intake(s) were inspected in the Critical Incident System Inspection:</p> <ul style="list-style-type: none"> • Intake: #00088837 – [CI: 2809-000012-23] – related to resident’s fall. <p>The following intake(s) were completed in the Critical Incident System Inspection:</p> <ul style="list-style-type: none"> • Intake: #00088322 – [CI: 2809-000011-23] – related to resident’s fall.

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

- Contenance Care
- Skin and Wound Prevention and Management
- Resident Care and Support Services

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Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: REQUIRED PROGRAMS

NC #001 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 a fall risk assessment was completed for a resident when they had two falls within 48 hours.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have a falls prevention and management program that provided strategies to monitor residents and must be complied with. Specifically, registered nursing staff did not comply with the home's Falls Prevention Program Policy and Procedure (# RCS 7-5, effective date June 2008, last reviewed date June 2023) to complete a Fall Risk assessment when resident had two falls within 72 hours.

Rationale and Summary

A resident sustained two falls within 48 hours. The resident's assessment records revealed that the fall risk assessment was not completed after the falls. The home's "Fall Prevention Program Policy and Procedure" stated that a fall risk assessment was to be completed when a resident sustained two falls within 72 hours. Senior Clinical Team Leader (SCTL) acknowledged a fall risk assessment was to be completed after the resident sustained two falls within 72 hours.

Failure to complete a fall risk assessment placed the resident at risk for additional falls and injury due to potentially unmitigated risks.

Sources: Resident's progress notes and assessment records, LTC home's Fall Prevention Program Policy and Procedure # RCS 7-5 (effective date June 2008, last reviewed date June 2023) and interview with SCTL.

[000757]



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Fixing Long-Term Care Act, 2021**

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