Ontario

Ministry of Long-Term Care

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

Ministère des Soins de longue durée

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
Inspection de 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
Jan 19, 2022	2022_823653_0002	017452-21, 019312-21	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Sandalwood Park
425 Great Lakes Drive Brampton ON L6R 2W8

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

ROMELA VILLASPIR (653), JESSICA BERTRAND (722374), ROBERT SPIZZIRRI (705751), SARAH KENNEDY (605)

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): January 5-7, 10-13, 2022.

The following intakes were completed in this Critical Incident System (CIS) inspection:
Log #017452-21 was related to falls prevention and management;
Log #019312-21 was related to an injury from unknown cause.

Complaint inspection #2022_823653_0001 was completed in conjunction with this CIS inspection.

During the course of the inspection, the inspector(s) spoke with a resident's Substitute Decision-Maker (SDM), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Housekeeper (HK), Kinesiologist Falls Lead (KFL), Resident Assessment Instrument (RAI)-Coordinator, Director of Nursing Care (DNC), and the General Manager (GM).

During the course of the inspection, the inspectors toured the home, observed Infection Prevention and Control (IPAC) practices, provision of care, meal services, reviewed staffing schedules, clinical health records, and relevant home policies and procedures.

Inspector #753 was also present during this inspection.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Pain

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the residents' plans of care were reviewed and revised when their care needs changed.

A resident had a fall resulting in an injury and a significant change in their condition. In response, the home implemented falls prevention interventions. Two interventions that were listed on the care plan were not in place at the time of the inspection. Staff members acknowledged that the two interventions were not implemented because the resident frequently removed and refused them.

The Kinesiologist Falls Lead (KFL) identified that these interventions were no longer necessary and the resident's care plan should have been updated to reflect this. When the resident's care plan was not reviewed and revised to accurately reflect the current interventions, there was a risk that the wrong interventions would be implemented by staff.

Sources: Critical Incident System (CIS) report, resident's care plan, progress notes; Inspector #722374's observations; Interviews with a Personal Support Worker (PSW), the KFL, Director of Nursing Care (DNC) and other staff. [s. 6. (10) (b)]

2. A resident was at risk for falls. At the time of inspection, a falls prevention intervention was in place in their bedroom, however, it was not identified in the plan of care. A Registered Nurse (RN) indicated that the intervention had been in place for a couple of months. The KFL identified that the intervention should have been included on the care plan, but only be implemented while the resident was in bed because of the tripping hazard risk.

When the resident's care plan was not reviewed and revised to accurately reflect the current fall prevention interventions, interventions were in place that put the resident at risk of tripping and falling.

Sources: Resident's care plan, progress notes and assessments; Inspector #722374's observations; Interviews with the RN and the KFL. [s. 6. (10) (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 to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

Issued on this 20th day of January, 2022

[redacted]

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

Original report signed by the inspector.