



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**

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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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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
Jun 2, 2014	2014_205129_0008	H-000785-13/H-000920-13	Critical Incident System

Licensee/Titulaire de permis

SPECIALTY CARE / WOODHALL PARK INC
400 Applewood Crescent, Suite 110, VAUGHAN, ON, L4K-0C3

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

SPECIALTY CARE WOODHALL PARK
10260 KENNEDY ROAD NORTH, BRAMPTON, ON, L6Z-4N7

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

PHYLLIS HILTZ-BONTJE (129)

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): May 7, 8, 9 and 12, 2014

During the course of the inspection, the inspector(s) spoke with staff providing direct care, registered staff, the Director of Care and the Administrator in relation to Log # H-000785-13, H-000852-13, H-000920-13 and H000663-13.

During the course of the inspection, the inspector(s) reviewed clinical records and reviewed the homes policy related to the falls management program

The following Inspection Protocols were used during this inspection:



Falls Prevention
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with LTCHA requirements and its translation into French.

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 did not ensure that resident #005 was reassessed and the plan of care reviewed and revised when the resident's care needs changed, in relation to the following: [6(10)(b)]

Clinical record documentation indicated that the resident fell on an identified date in May 2013 and fell two times in September 2013. The Director of Care and clinical documentation confirmed that the plan of care related to falling was not reviewed or revised following these falls. The document that is used in the home to provide care directions to staff confirmed that falling was identified as a care focus following the second fall the resident experienced in September 2013 during which the resident sustained an injury.[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 and ensuring that residents are reassessed and the plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #2: 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).**
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Findings/Faits saillants :

1. The Licensee did not ensure that where the Act or the Regulation requires the licensee to have in place a plan or policy that the plan or policy is complied with, in relation to the following: [8(1)(b)]

Staff did not comply with the home's policy [Falls Prevention and Management] identified as VII-G-60.00 and dated May 2012, in the care of resident #005.

The following directions included in the policy were not complied with:

-The policy directed staff to conduct a falls risk assessment in Point Click Care (PCC) as triggered by the Minimum Data Set (MDS) Resident Assessment Protocol (RAP).

Staff did not comply with this direction when on an identified date in June 2013 the Annual MDS review triggered a risk of falling for resident #005 and staff did not conduct the identified falls risk assessment in PCC.

-The policy directed staff that upon completion of the detailed falls risk assessment, the associated score will be documented in the care plan. Staff did not comply with this direction when on an identified date in July 2012 a completed falls risk assessment identified resident #005 at a moderate risk for falling and this score was not documented in the resident's care plan.

-The policy directed that following the completion of a falls assessment staff were to ensure that preventative interventions were included in the resident's care plan. Staff did not comply with this direction when preventative strategies were not included in resident #005's care plan following completion of the falls risk assessment completed in 2012, after a post fall assessment completed in May 2013, after a post fall assessment completed in September 2013 and after a post fall assessment completed in September 2013 after the resident fell a second time in September 2013. [s. 8. (1) (a), s. 8. (1) (b)]



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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 and ensure that where the Act or the Regulation requires the licensee to have in place a plan or policy that the plan or policy is complied with, to be implemented voluntarily.

Issued on this 2nd day of July, 2014

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