Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 23, ~~Sep 19, 20, 21, Oct 12, 16, 17, 18, 21, 2011~~ August 23, 30, Sep 2, 2011	2011_071159_0017	Critical Incident

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

TALL PINES LONG TERM CARE CENTRE
1001 Peter Robertson Blvd., BRAMPTON, ON, L6R-2Y3

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Acting Director of Care, Nurse Supervisor, Registered Nursing staff and Personal Support Service Workers in regards to inspection H-00341-11.

Inspection 2011_071159_0017 for H-00341-11 was conducted simultaneously with inspection 2011_071159_0014 for H-001524-11.
This report includes findings for the written notification and voluntary plan of correction related to the O.Reg. 79/10 s. 49 (2) and Long Term care Homes Act, 2007, S. O. 2007, c. 8, s. 6(10)(b) for inspection 2011_071159_0014 for H-001524-11.

During the course of the inspection, the inspector(s) reviewed residents health record, interviewed Registered Nurse, Personal Support Workers, visited resident and observed care delivered.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 subsections:

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;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(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 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 of care no longer necessary. [Long Term Care Homes Act, 2007, S. O. 2007, c. 8, s. 6(10)(b)]
An identified resident #1 was not reassessed and the plan of care not revised as a result of multiple reoccurring falls. Resident had sustained 8 falls in three months 2011, the plan of care for resident related to falls was not revised nor strategies developed when resident sustained numerous falls. The plan of care was last revised in April 2011 had identified that the resident has potential for falls. The plan of care for identified resident was not effective in preventing/reducing falls, and no new interventions related to fall and fall preventions were put in place.

2. Resident #2 was not reassessed and the plan of care was not revised as a result of change in resident's need of multiple recurring falls.
Resident Assessment Protocol information documented in 2011, stated that the resident has had numerous falls over the last two weeks. Resident was bed ridden due to weakness/stroke and inability to move. The plan of care had not been updated as it indicated resident to use toilet room and transfer on/off, resident could be left unattended, which was not consistent with the assessed care needs of the resident.
The plan of care for resident #2 was not revised related to identified changes in ability self perform activities of daily living. Resident had contradictory information related to required assistance with eating. The registered dietitian notes stated "staff to provided assistance as required by resident to complete meals and snacks", however, nursing staff had documented "resident requires one person total assistance with feeding".

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 with ensuring 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 of care no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following subsections:

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 did not ensure that when a resident has fallen, the resident is assessed and 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)]
An identified resident #1 had sustained 8 falls in three months 2011. Records indicated that the resident had ongoing multiple falls and were documented in the progress notes. A clinically appropriate assessment instrument was not used to assess the resident post falls.
2. Resident #2 sustained numerous falls in 2011 at which time, a clinically appropriate assessment instrument was not used to assess the resident post falls. The post fall assessment in the progress notes did not contain information related to resident's fall history and gait analysis.

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 with ensuring that when a resident has fallen, the resident is assessed and 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 21 ~~16th~~ day of October, 2011

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