



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Sep 11, 2018	2018_728696_0006	018752-18	Complaint

Licensee/Titulaire de permis

Holland Christian Homes Inc.
7900 McLaughlin Road South BRAMPTON ON L6Y 5A7

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

Grace Manor
45 Kingknoll Drive BRAMPTON ON L6Y 5P2

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

ZINNIA SHARMA (696)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 10, 13, 14, and 15, 2018.

During the course of the inspection, Complaint Log #018752-18 related to falls prevention and management and protection from certain restraining was inspected.

During the course of the inspection, the inspector(s) spoke with the Administrator, RAI coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSW), and Activity Aides.

During the course of the inspection the Long Term Care Homes (LTCH) Inspector toured the home, reviewed relevant documents including but not limited to: clinical records, and the home's documentation and policies as related to the inspection, and interviewed staff.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Minimizing of Restraining
Responsive Behaviours**

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	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 30. Protection from certain restraining



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

- 1. Restrained, in any way, for the convenience of the licensee or staff. 2007, c. 8, s. 30. (1).**
- 2. Restrained, in any way, as a disciplinary measure. 2007, c. 8, s. 30. (1).**
- 3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that the resident was not restrained by the use of physical devices, other than in accordance with section 31 (included in the resident's plan of care) or under the common law duty described in section 36.

A complaint was submitted to the Ministry of Health and Long Term Care (MOHLTC) on a specific date, stating that resident #001 had a fall which resulted in resident acquiring injuries.

On a specific date, the Long Term Care Homes (LTCH) Inspector observed resident #001 sitting in their wheelchair which was tilted. Activity Aide #101 was present with the resident at that time and acknowledged that resident #001 was tilted in their wheelchair.

During an interview with Personal Support Worker (PSW) #102, they told the LTCH inspector that they have been tilting resident's wheelchair since their return from hospital to prevent resident #001 from getting out of their wheelchair and potentially falling. They also stated that resident was able to get up on their own if tilt was not applied. They were unable to find any information on the use of tilt wheelchair in resident's plan of care and were aware that the resident did not have an order for a tilt restraint.

The clinical records of resident #001 were reviewed and indicated that resident was not assessed for the use of tilt while seated in their wheelchair. There was no documentation to support that following steps were taken: 1. Alternatives to the use of tilt wheelchair were considered and tried. 2. Tilting resident while they were seated in their wheelchair was ordered by physician or registered nurse in the extended class. 3. Consent was given by resident's Substitute Decision Maker (SDM) for the use of tilt wheelchair.

Registered Nurse (RN) #103 stated that resident #001 should never have been tilted in their wheelchair as it prevented them from getting up from their wheelchair and was considered a restraint. They further added that assessment was not completed for the use of tilt restraint and consent was not obtained from resident's SDM.

The home's policy "Least Restraints-Use & Application", policy #NC-00-02, with a revised date of April 2018, directed staff to complete and document a restraint assessment to ensure that all alternatives had been tried prior to use of a restraint, consent from the resident or their SDM had been obtained, and a written order had been given by physician or nurse practitioner for the use of restraint. This order should include the type of restraint, reason for the restraint, and when and how long to use the restraint.

During an interview with the RAI coordinator, the Restraint program lead, they told the LTCH inspector that restraints should only be considered after various alternatives had been tried and were ineffective, registered staff had completed restraint assessment, physician or nurse practitioner had ordered the restraint, and consent had been obtained from resident's SDM. They acknowledged that staff should not have tilted resident #001's wheelchair as it was considered a physical restraint and none of the above mentioned steps were undertaken and completed.

The home failed to ensure that resident #001 was not restrained by the use of physical devices, other than in accordance with section 31 (included in the resident's plan of care) or under the common law duty described in section 36. [s. 30. (1) 3.]



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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 with s. 30(1) where every licensee of a long-term care home shall ensure that no resident of the home is restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36, to be implemented voluntarily.

Issued on this 17th day of September, 2018

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

Original report signed by the inspector.