Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: August 23, 2024
Inspection Number: 2024-1428-0002
Inspection Type: Critical Incident
Licensee: Mon Sheong Foundation
Long Term Care Home and City: Mon Sheong Scarborough Long Term Care Centre, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 19-22, 2024

The following intake(s) were inspected:

- Intake related to a resident fall with injury.
- Intake related to an unknown cause of injury.
- Intake related to improper/incompetent care of a resident.

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with their Fall Prevention and Management Program policy related to the monitoring of a resident after a fall with injury.

In accordance with O. Reg. 246/22 s. 11 (1) (b) the licensee is required to ensure that their falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, and must be complied with.

Specifically, staff did not comply with the Long-Term Care Home's (LTCH) policy related to a required assessment for any unwitnessed fall or if head injury is suspected.

Rationale and Summary

A Critical Incident (CI) report was submitted to the Director related to an unwitnessed fall of a resident, resulting in injury and subsequent transfer to hospital.

Registered Practical Nurse (RPN) #104 had found the resident sitting upright on the floor by their bedside. The resident was assisted back to their bed, and the RPN initiated the required assessment.

The home's policy titled "Fall Prevention and Management Program" indicated that registered staff are to initiate a required assessment and complete as per protocol for any unwitnessed fall or if a head injury is suspected. The required assessment should be completed even if the resident is asleep. The required assessment indicated that a head injury routine must be done for 24 hours in specified increments and frequency.

RPN #104 indicated they had completed the required assessment that was to be done on their shift and Registered Nurse (RN) #105 was responsible to continue the required assessment. RN #105 filled out the form and documented that the resident was stable post fall.

The Administrator indicated during the home's investigation surrounding the resident's fall, it was discovered RN #105 did not complete the required assessment at the times documented on the required assessment form on their shift. The Administrator confirmed RN #105 did not follow the LTCH's protocol for completing the required assessment for the resident's unwitnessed fall.

Failure to complete the required assessment put the resident at risk as there could be delay in identifying any health changes or injuries as a result of the incident.

Sources: Resident's clinical record, LTCH's investigation notes, LTCH policy Fall Prevention and Management Program, Interviews with staff.