Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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
Apr 22, 2021	2021_575214_0006	020908-20, 024929-20, 025887-20, 000205-21, 004062-21	Critical Incident System

Licensee/Titulaire de permis

955464 Ontario Limited
3700 Billings Court Burlington ON L7N 3N6

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

Millennium Trail Manor
6861 Oakwood Drive Niagara Falls ON L2E 6S5

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

CATHY FEDIASH (214)

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): March 23, 24, 25, 26, 29, 30, and 31, 2021.

At the onset of this Critical Incident System (CIS) Inspection the home was not experiencing a disease outbreak. As a result, the Infection Prevention and Control (IPAC) Observational Checklist (A2) - for long-term care homes not in a respiratory infection outbreak, was conducted.

The following intakes were conducted during this CIS inspection:

-Log #000205-21, CIS #2948-000002-21 - related to hospitalization and change in condition.

Related to falls prevention and management:
-Log #020908-20, CIS #2948-000027-20
-Log #024929-20, CIS #2948-000036-20
-Log #025887-20, CIS # 2948-000037-20
-Log #004062-21, CIS #2948-000006-21

During the course of the inspection, the inspector(s) spoke with the acting Administrator (A); acting Director of Care (A); Assistant Director's of Care (ADOC's); Resident Assessment Instrument (RAI) Coordinator and Personal Support Workers (PSW).

During the course of the inspection, the inspector reviewed clinical health records; policies and procedures and observed the provision of care.

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

During the course of this inspection, Non-Compliances were issued.

- **3 WN(s)**
- **3 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in a resident's plan of care related to fall prevention and management interventions, was provided.

A CIS report indicated that a resident sustained a fall with injury, on a specified date and was transferred for treatment.

The resident's care plan prior to this fall indicated a specified fall intervention was to be in place. It was confirmed this intervention had not been in place, when the resident fell.

Approximately 10 weeks prior to this critical incident, the resident fell and sustained an injury. Their care plan prior to the fall indicated a different fall intervention that was to be in place. It was confirmed this intervention had not been in place when the resident fell.

Sources: Critical Incident System (CIS) report; resident's progress notes, care plan and interviews with PSW and other staff. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, 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).

Findings/Faits saillants :

1. a) The licensee has failed to ensure that a resident specific evaluation to determine the success of fall prevention strategies, included in the Fall Prevention and Management Program policy, was complied with.

O. Reg. 79/10 s. 48 (1) requires a falls prevention and management program to reduce the incidence of falls and the risk of injury.

O. Reg. 79/10 s. 49 (1) requires that the program must, at a minimum, provide for strategies to reduce or mitigate falls.

Specifically, staff did not comply with the home's Falls Prevention and Management Program, that indicated a resident specific evaluation was to be conducted to determine success of fall prevention strategies quarterly and annually.

A resident had sustained seven falls over a period of four months. Of these, four falls resulted in injury.

It was confirmed the home had a Falls Committee that met monthly to review all falls that had occurred and that during the time of this resident's falls, the committee had not met as the home had been focusing on the COVID pandemic and outbreaks.

b) The licensee has failed to ensure that an organized program of nursing services for the home to meet the assessed needs of a resident, was complied with.

LTCHA, 2007 s. 8 (1) (a) requires an organized program of nursing services to meet the addressed needs of the residents.

Specifically, staff did not comply with the home's Readmission Policy, that indicated when a resident was in an identified place for more than 24 hours, a Re-Admission Assessment and Minimum Data Set (MDS) RAI skin and risk assessment tool was to be completed by registered staff for thorough assessment and the care plan was to be updated with any changes, within 24 hours of when the resident returns.

The resident had been in an identified place for more than 24 hours. A readmission progress note, on the date of their return, indicated no concerns with their skin integrity. A progress note, approximately 18 hours later, identified altered skin integrity to a specified location on the resident. An identified document indicated the altered skin integrity was in place when the resident had returned.

It was confirmed that the Re-Admission Assessment and the skin and risk assessment, had not been conducted for the resident.

Sources: Critical Incident System (CIS) report, home's Fall Prevention and Management Program policy and Readmission Policy, resident's progress notes, assessments, and interview with the DOC (A) and other staff. [s. 8. (1) (a), s. 8. (1) (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 licensee's Fall Prevention and Management Program and Readmission policies, is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

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 failed to ensure that a post-fall assessment, using a clinically appropriate assessment instrument, specifically designed for falls, was conducted for a resident.

The licensee's Fall Prevention and Management Program policy indicated a post fall assessment would be conducted electronically on all residents who fall and ongoing changes, if any, made to the care plan as needed.

The RAI Coordinator confirmed the assessment contained an identified list of items for staff to choose which factors may have contributed to the fall, provided staff with an area to elaborate how the factors may have contributed to the fall, choose from a list of interventions in place at the time of the fall and/or check a specified box that would allow staff to describe what was in place, identify the level of fall risk and select any new interventions to put into place from a list containing six specified interventions.

A CIS report indicated that a resident sustained a fall with injury, on a specified date and was transferred for treatment. The CIS indicated the resident has sustained two falls prior to this incident. A second CIS reported approximately 10 weeks later, indicated the resident sustained a fall with injury and was transferred for treatment.

Review of the two critical incident's and the resident's clinical records, for a determined time frame, indicated the resident had fallen on seven occasions and sustained injury on four of these.

Post fall assessments were conducted for the resident following each fall. It was confirmed that the post fall assessment was not a clinically appropriate assessment instrument, specifically designed for falls as it had not provided the assessor with the ability to document all factors that may have contributed to the fall, other than from the options listed; limited the assessor to choose new interventions to implement from a list

of six specified interventions and had not allowed for the assessor to document what interventions had been in place at the time of the fall, including if these interventions had been effective. It was indicated that the home was unsure what best practice the post fall assessment had been based upon as this assessment was now a second version, that had been in place.

When the post-fall assessment is not a clinically appropriate assessment instrument, specifically designed for falls, this has the potential of not identifying causative factors that may have contributed to the fall, determining if interventions in place are effective and identifying and implementing appropriate interventions which can place the resident at risk for further falls and injury.

Sources: Critical Incident System (CIS), home's Fall Prevention and Management Program policy, resident's progress notes, care plan, post fall assessments, and interviews with the RAI Coordinator and other staff. [s. 49. (2)]

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 a post-fall assessment, using a clinically appropriate assessment instrument,
specifically designed for falls, is conducted, when the condition or circumstances of the
resident require, to be implemented voluntarily.

Issued on this 28th day of April, 2021

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

Original report signed by the inspector.