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

Hamilton District
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Original Public Report

Report Issue Date: April 22, 2024	
Inspection Number: 2024-1443-0001	
Inspection Type: Complaint Critical Incident	
Licensee: Benevolent Society "Heidehof" for the Care of the Aged	
Long Term Care Home and City: Heidehof Long Term Care Home, St Catherines	
Lead Inspector Jonathan Conti (740882)	**Inspector Digital Signature**
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 18-19, 21-22, 25-27, 2024.

The following intake was inspected in this Critical Incident (CI) inspection:

- Intake #00109013, CI#2960-000001-24- was related to falls prevention and management.

The following intake was completed in this CI inspection:

- Intake #00104811, CI #2960-000013-23 was related to falls prevention and management.

The following intake was inspected in this complaint inspection:

- Intake #00109676 - complaint was related to resident care and falls prevention and management.

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the implementation of the long-term care homes falls prevention and management program, including the use of strategies to monitor a resident for their fall risk and after their falls.

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

Specifically, staff did not comply with home's documentation requirements for specified assessments to be completed as per the home's falls prevention and management program.

Rationale and Summary

A resident did not receive a fall risk assessment during their admission window in January 2024, after two unwitnessed falls on a date in January 2024, nor after a significant change in status due to identified injuries. A resident did not receive a fully completed identified assessment after two unwitnessed falls on identified dates in January 2024 and February 2024.

According to the home's policy, the registered staff are responsible to complete a specified fall risk related assessment on admission, quarterly, and with any significant change status or if there have been two or more falls within 72 hours.

Furthermore, the home's policy outlines that an identified assessment is to be initiated if a resident has hit their head or if the fall was unwitnessed. The identified assessment monitors for a resident's vitals including heart rate, respiration, blood pressure and pupil reactivity. The identified assessment was to be completed at specific times as outlined by the home's policy.

The Director of Care (DOC) stated that the expectation was that the specified assessments should be completed as per their policy and confirmed that this expectation was not met for monitoring the risk for a resident.

As a result, there was a potential safety risk to the resident with incomplete assessments, as potential vital sign changes not being identified and fall risk factors that may not have been monitored appropriately.

Sources: Resident clinical assessments and progress notes; the home's Falls Prevention and Management Program, last revised January 29, 2024; the home's Falls Prevention and Management Program, last revised June 2023; interview with DOC and staff; observation of staff education board. [740882]

WRITTEN NOTIFICATION: Falls prevention and management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2).

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

Rationale and Summary

On an identified date in January 2024, a resident had an unwitnessed fall, where the resident was found on the floor of their room beside their bed. The resident's clinical records did not indicate a post-fall assessment was completed as required per the home's Falls Prevention and Management program.

The DOC and a staff both explained that a post-fall assessment using specified assessment tools were to be completed immediately after every fall. The post-fall assessments would then be assessed by an interdisciplinary team including the physician to identify and implement interventions as appropriate. The DOC acknowledged that the specified post-fall assessment was not completed for a

resident.

Failure to ensure a post-fall assessment was completed posed a potential risk to the resident's safety as a full investigation of contributing factors associated with the fall were not established.

Sources: Resident clinical records, Falls Prevention and Management Program, last reviewed June 2023, and interviews with DOC and staff. [740882]