

**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
Jun 9, 2020	2020_778563_0014	008023-20	Critical Incident System

Licensee/Titulaire de permis

peopleCare Communities Inc.
735 Bridge Street West WATERLOO ON N2V 2H1

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

peopleCare Oakcrossing London
1242 Oakcrossing Road LONDON ON N6H 0G2

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

MELANIE NORTHEY (563)

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): May 26, 27, 28 and June, 1 and 5, 2020, as an off-site inspection.

During the course of the inspection, the inspector(s) spoke with the Senior Executive Director and the Interim Director of Care.

The inspector also reviewed relevant policies and procedures, as well as the clinical records for the identified resident.

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

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 :

The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system was complied with.

O. Reg. 79/10, s. 30 (1) states that every licensee shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation: 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

O. Reg. 79/10, s. 48. (1) states that 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.

Specifically, staff did not comply with the licensee's peopleCare Head Injury Routine Policy and the peopleCare Fall Prevention & Management Program - Falls Risk Factors & Related Interventions Policy which was part of the licensee's Fall Prevention and Management Program.

Critical Incident System (CIS) Report documented an incident related to a fall for a resident. The CIS documented a physician's note that stated the Head Injury Records for any of the falls were missing from the resident's chart and could not be reviewed.

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The peopleCare Head Injury Routine (HIR) Policy stated a HIR must be completed for any resident who received a blow to the head either from a fall including all unwitnessed fall or personal injury using the head injury routine monitoring record. The purpose of this procedure was to provide a concise and accurate record of cerebral function of the resident with a head injury or suspected head injury or falls were their head had been struck. Head injury checks included assessing vital signs for blood pressure, pulse and respiration, right and left eye movement for pupil size and response, motor response, and level of consciousness. The record was to be completed at prescribed intervals for 72 hours.

The peopleCare Fall Prevention & Management Program - Falls Risk Factors & Related Interventions Policy with reference #005190.00 stated to “Initiate Head Injury Routine for any resident who receives a blow to the head either from a fall (including all unwitnessed fall) or personal injury using Head Injury Routine Monitoring Record. Monitor HIR for 72 hours post fall for signs of neurological changes, i.e. change in LOC, severe headache not relieved by pain medication, abnormal drowsiness, increased restlessness and personality changes. Document post fall injury assessment every shift for any fall. In “physician’s orders” select new order and in medication section select custom library and then select appropriate selection i.e. 72 hour follow up with or without head injury. Complete remainder of physician’s order.” The peopleCare Falls Management Algorithm also directed the registered nursing staff to complete a HIR and an incident follow up progress note per shift for 72 hours.

The interim Director of Care (DOC), in a telephone interview, stated the Head Injury Routine (HIR) assessment was to be documented on paper by the registered nursing staff. The DOC verified that the Head Injury Routine Policy was reviewed as part of the Falls Prevention Program. The DOC also verified that a head injury was considered an incident of a significant nature and the home expected documentation of this information related to a head injury to ensure the proper care and safety of the resident.

The resident had several falls over a period of time. Some of the falls were unwitnessed or the resident sustained a specific injury. The HIR assessments were initiated, however there was no documented assessment of the resident’s vital signs, pupil reaction, level of consciousness, motor response or condition for multiple checks. The HIR also documented “sleeping” for one of the HIR checks. The HIR policy stated a resident on head injury routine check must be woken if not awake. The DOC verified the registered staff did not comply with the peopleCare HIR policy. There was also missing staff signatures and the DOC stated the HIR was to be signed by the assessor. The HIR

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policy stated the resident will be assessed as per times on the form. The HIR documented “days” with no time indicated. The DOC stated the time of day should be documented. The DOC explained that an “incident follow-up note” was to be completed “each shift x 72 hours” and verified there was missing documentation in the progress notes for multiple shifts for the resident’s falls.

The resident also had a fall where there was no documented record of a HIR initiated. The HIR was reported missing from the resident’s clinical record. The DOC verified there was no incident note or incident follow-up notes each shift for 72 hours when resident had an unwitnessed fall on a specific date. The DOC stated the HIR policy was not complied by the registered nursing staff. The DOC also verified that the registered nursing staff did not comply with the home’s Fall Prevention Management Program Policy and the Falls Management Algorithm related to the completion of an incident follow-up note each shift for 72 hours.

The Head Injury Routine (HIR) Policy stated the Registered Nurse or Registered Practical Nurse will complete registered staff assessments as indicated on head injury routine monitoring record. The resident was to be assessed as per times on the form and all interventions taken on the progress notes and vital sign recordings on the head injury routine monitoring record and placed in the resident's chart upon completion.

The licensee has failed to ensure that the peopleCare Head Injury Routine (HIR) Policy and the peopleCare Fall Prevention & Management Program - Falls Risk Factors & Related Interventions Policy put in place was complied with. The HIR was incomplete on multiple separate occasions and there was no documented evidence that the resident was assessed using the HIR after one specific unwitnessed fall. There was missing staff signatures, missing clinical assessment of the resident’s vital signs, pupil reaction, LOC, motor response or condition, and there was missing documentation in the progress notes each shift for 72 hours. [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 where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system is complied with., to be implemented voluntarily.

Issued on this 9th day of June, 2020

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

Original report signed by the inspector.