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
Feb 7, 2020	2020_777731_0001	023692-19, 024023-19	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

The Village at St. Clair
1800 Talbot Road WINDSOR ON N9H 0E3

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

KRISTEN MURRAY (731)

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): January 2, 3, 6, 7, 8, 9, 10, 13, 16, 17, 20, and 21, 2020.

The following Critical Incident intakes were completed within this inspection:

Related to falls prevention:
Critical Incident Log #023692-19 / CIS #3046-000069-19

Related to the prevention of abuse and neglect:
Critical Incident Log #024023-19 / CIS #3046-000070-19

During the course of the inspection, the inspector(s) spoke with the General Manager, the acting Director of Care (DOC), an Assistant Director of Care (ADOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and residents.

The inspector also observed resident rooms and common areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, and reviewed policies and procedures of the home.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation
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 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 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. The licensee has failed to ensure that where the Regulation required the licensee of a long-term care home to have, institute or otherwise put any strategy in place, the strategy was complied with.

In accordance with O. Reg. 79/10, s. 48 (1) 1, and in reference to O. Reg. 79/10, s. 49 (1) the licensee was required to have a falls prevention and management program that provided strategies to monitor residents.

Specifically, staff did not comply with the licensee's "Falls Prevention & Management" strategy (#04-29, last revised August 2019), which was part of the licensee's Falls Prevention and Management program that required staff to follow the Head Injury Routine (HIR) if a resident hit their head or there were no witnesses to a fall.

The home submitted Critical Incident System (CIS) report #3046-000069-19 to the Ministry of Long-Term Care (MOHLTC) regarding a fall of resident #001. The CIS report indicated that resident #001 was noted to have no concerns related to specific symptoms following the fall. Resident #001 was monitored and had intermittent specified symptoms in the days following the fall. According to the CIS report, a specified intervention was ordered, with the results indicating a possible injury noted to a specified area. Resident #001 was transferred to hospital, where the specified injury was confirmed.

A review of the home's policy "Falls Prevention & Management", number 04-29, last revised August 2019, stated "If the resident hits their head or there were no witnesses to the fall, the Head Injury Routine is followed (see Head Injury Routine Policy, Tab 04-37)". A review of the home's policy "Head Injury Routine", number 04-37, stated in part that the goal is to document, treat, and monitor any possible or known head injury for the

safety of the residents. The policy indicated that the registered nurse in the neighbourhood is responsible for starting the Head Injury Routine immediately. The policy stated they were to use the Head Injury Routine form located within the PCC nursing software, following the timeframes indicated on the electronic forms, and when the form is completed and locked the resident would be checked once per shift for 24 hours and documented using a progress note. The HIR policy further stated "In the event of an unwitnessed fall, where the resident is unable to confirm whether there was trauma to the head, the head injury routine is to be followed as a precautionary measure".

In a clinical record review of resident #001's progress notes in Point Click Care (PCC), it stated that resident #001 sustained an unwitnessed fall on a specified date. The progress notes indicated that Head Injury Routine (HIR) was initiated following the incident. The progress notes further indicated that resident #001 sustained additional unwitnessed falls on specified dates.

In a clinical record review of the HIR initiated due to the unwitnessed fall of resident #001 on the specified date, of the eleven checks to be completed, three of the checks were not documented as completed, and the HIR assessment was not documented and signed as completed by a member of the registered staff. In a review of the HIR documentation initiated due to the unwitnessed fall on another specified date, the final check was not documented as completed. In a review of the HIR initiated due to the unwitnessed fall on an additional specified date, the fifth check was not documented as completed.

In an interview with RPN #104, when asked their role when a resident sustained a fall, RPN #104 stated they would check for injuries, check range of motion, report any pain or changes, check vitals, complete HIR for any unwitnessed falls, and complete a post fall assessment in PCC. When asked what the expectation was for completing HIR, RPN #104 stated the documentation would be completed, signed off and locked. When asked if each check within the HIR documentation should be completed, RPN #104 stated yes. When asked if HIR documentation was completed for resident #001 following their fall on a specified date, RPN #104 stated the HIR indicated it was still in progress, which meant it was not completed, and the last three of the eleven checks were not completed. When asked if they should have been completed, RPN #104 stated yes.

In an interview with the acting Director of Care (DOC) #101, when asked what the expectation was in the home for completing HIR, DOC #101 stated HIR was to be completed when a resident had an unwitnessed fall or if the resident hit their head. DOC

#101 confirmed that the HIR documentation was not completed for resident #001.

The licensee failed to ensure that the home's strategy for Falls Prevention and Management was complied with related to HIR documentation for resident #001. [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 where the Act or 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 plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.

Issued on this 10th day of February, 2020

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

Original report signed by the inspector.