

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

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Dec 3, 2019	2019_648741_0026	017456-19, 022061-19	Critical Incident System

Licensee/Titulaire de permis

The Women's Christian Association of London
2022 Kains Road LONDON ON N6A 0A8

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

McCormick Home
2022 Kains Road LONDON ON N6K 0A8

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

AYESHA SARATHY (741)

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): November 28 and 29, 2019

The following Critical Incident System (CIS) inspections were inspected as a part of this inspection:

CIS #2965-000020-19 related to staff to resident neglect

CIS #2965-000025-19 related to falls prevention and management

During the course of the inspection, the inspector(s) spoke with two Personal Support Workers (PSWs), a Registered Practical Nurse (RPN), two Registered Nurses (RNs), a Social Worker, the Resident Assessment Instrument (RAI)-Coordinator, the Clinical RN, the Assistant Director of Care (ADOC), the Director of Resident Care (DRC) and residents.

The Inspector also observed residents, reviewed relevant policies and procedures, the homes investigative notes and clinical records for identified residents.

Inspection Manager (IM) #435 was also present during this inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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 Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 30, the licensee was required to have a written description of each of the interdisciplinary programs, including a falls prevention and management program required under section 48 of this Regulation, that included relevant policies. Specifically, staff did not comply with the home's "Falls – Identification of Resident Risk" policy #NPC-600-02, revised October 2017, which was part of the home's falls prevention and management program.

On an identified date, the home submitted a Critical Incident System (CIS) related to the fall of a resident that resulted in the resident being transferred to the hospital and sustaining an injury.

The identified resident's clinical record was reviewed on Point Click Care (PCC) and indicated that the resident had been assessed as low risk of falls on admission but their status changed to high risk for falls a few months later. A Resident Assessment Instrument-Minimum Data Set (RAI-MDS) 2.0 quarterly assessment completed for the resident stated that interventions to minimize the resident's risk for falls would be care planned.

The home's policy "Falls-Identification of Resident Risk" #NPC-600-02, revised October 2017, was reviewed, and stated that residents who were at risk for falls would have a care plan that identified risk level and interventions used to decrease falls and fall-related injuries. Fall risk care plans would be initiated upon admission and reviewed quarterly

and with change of status. The same policy also stated that for all residents who were identified at high risk for falls, a blue star would be placed on the resident's Care Card.

The identified resident's care plan was reviewed in PCC and there was no documented evidence of a falls focus that identified risk level and interventions related to falls prevention. The resident's hard copy care card was also reviewed, and indicated that the resident had falls prevention interventions implemented, however, there was no evidence of a blue star on the care card to indicate that the resident was at high risk for falls.

A Registered Nurse (RN) and Registered Practical Nurse (RPN) said, in separate interviews, that residents who were identified to be at high risk for falls should have had a falls focus in their care plan and a blue star placed on their care card. An RN said, in another interview, that residents who have had a change in status related to their risk for falls should be reassessed and their care plan updated by registered staff. An RPN reviewed the identified resident's clinical record in PCC during the interview and said that the resident's status changed from low risk to high risk for falls. They said that the resident did not have a falls focus in their care plan and should have had one implemented.

During an interview with the Director of Resident Care (DRC), Assistant Director of Care (ADOC) and Clinical RN, they said that when a falls risk assessment is completed for a resident, care plan interventions are triggered to be implemented. They said that when the identified resident's status changed from being at low risk for falls to high risk for falls, a falls care plan and interventions should have been implemented by registered staff. They also said that a blue star should have been placed on the resident's care card to indicate they were at high risk for falls. They acknowledged that staff did not follow the home's "Falls-Identification of Resident Risk" policy #NPC-600-02 and it was the home's expectation that they would.

The licensee failed to ensure that staff complied with the home's "Falls – Identification of Resident Risk" policy #NPC-600-02, revised October 2017.

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 policy, the policy is complied with, to be implemented voluntarily.

Issued on this 4th day of December, 2019

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

Original report signed by the inspector.