



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 23, 2013	2013_254515_0009	L-001021-13	Critical Incident System

Licensee/Titulaire de permis

RITZ LUTHERAN VILLA
R.R. #5, MITCHELL, ON, N0K-1N0

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

MITCHELL NURSING HOME
184 NAPIER STREET, S.S. #1, MITCHELL, ON, N0K-1N0

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

RAE MARTIN (515)

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): December 18, 2013.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, 1 Registered Nurse and 1 Personal Support Worker.

During the course of the inspection, the inspector(s) toured the resident home area and reviewed resident health care records and relevant policies.

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



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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 has failed to ensure that when the resident has fallen, the resident has a post-fall assessment using a clinically appropriate assessment instrument that is specifically designed for falls.

A) The Post Fall Assessment Report was not completed entirely with all questions answered and all areas addressed. The Risk Interventions and Interventions Have Been Care Planned sections were incomplete. The falls risk level documented was not consistent with the prior Falls Risk Assessment.

B) Management confirmed the expectation that staff would complete the falls assessment form including the "Risk Interventions" and "Interventions Have Been Care Planned" sections. Management also confirmed that some of the information on the assessment was incorrect and had pertinent information/details excluded.

C) Review of the Falls Policy and Procedure #RESI-09-02-01 Revised Nov 2011 states: Each resident will be individually assessed for their risk of falling using a standardized Falls Risk Assessment tool. Procedure #16 states - Complete the Resident Incident Report and a Post- Fall Analysis Report - without duplication of documentation, ensure all questions are answered and all areas are addressed. [s. 49. (2)]



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Issued on this 23rd day of December, 2013

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

RAE NYLANDER-MARTIN