



**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**

**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
Oct 26, 2017	2017_482640_0014	015502-16, 021102-16	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE HALTON HILLS
9 Lindsay Court Georgetown ON L7G 6G9

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

HEATHER PRESTON (640)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 8, 9, 10, 11, 14, 15, 16, 17, 22, 23, 24, 25, 28, 29 and 30, 2017, in conjunction with the Resident Quality Inspection 2017_482640_0013.

During the inspection, the Long Term Care Homes Inspector toured the home, observed the provision of resident care, reviewed resident clinical records, personnel files, staff training records and relevant policies and procedures, and interviewed residents and staff.

Non-compliance was identified in the inspection as issued in the RQI Report #2017_482640_0013 regarding required training for Falls Prevention. Non-compliance identified during the RQI, related to O.Reg 79/10 s. 8(1)b was identified during the RQI and is being issued in this Complaint Inspection Report.

During the course of the inspection, the inspector(s) spoke with residents, families, Personal Support Workers, Registered Practical Nurse, Registered Nurses, Director of Care, Assistant Director of Care and Administrator.

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

During the course of this inspection, Non-Compliances were issued.

**2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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 :

1. 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, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was (b) complied with.

In accordance with Regulation, s.48, the licensee was required to ensure that the interdisciplinary programs including a falls prevention program, were developed and implemented in the home and each program must, in addition to meeting the requirements set out in section 30, provide for screening protocols; and provide for assessment and reassessment instruments. O. Reg. 79/10, s.48

A) Resident #042 had an unwitnessed fall and sustained an injury. The policy called "Falls Management", number RC-15-01-01, and revised February 2017, directed staff to initiate a clinical monitoring record, which included head injury routine (HIR) as a part of the home's post fall management and the home's post-fall clinical pathway for any unwitnessed fall or if the resident was suspected of hitting their head. Review of the clinical record by the Long Term Care Homes (LTCH) Inspector #527 identified that there was no post-fall clinical monitoring assessment, which included the HIR completed for resident #042.

RPN #142 was interviewed and confirmed that they were expected to complete the clinical monitoring record, which included the HIR and was a part of their post fall assessment when the resident had an unwitnessed fall, if the resident hit their head, or if they suspected the resident hit their head.

The DOC confirmed that the HIR was required when the fall was unwitnessed or the resident hit their head.

The staff failed to complete the head injury routine as directed in the home's Falls Management policy.

B) Resident #001 had an unwitnessed fall and sustained an injury. Policy "Falls Prevention and Management Program", policy #RESI-10-02-01 and revised April 2013, directed staff to complete a Post Fall Assessment in Point Click Care (PCC) and if the fall was unwitnessed or the resident hit their head, as part of the post fall assessment, the Clinical Monitoring Record (appendix II). The Clinical Monitoring Record directed staff to monitor neurovital signs (if fall unwitnessed), vital signs, assess for pain and monitor for changes in behaviour every hour for four hours then every eight hours for 72 hours. The LTCH Inspector reviewed the clinical record of resident #001. There were no Clinical Monitoring Records located by the LTCH Inspector or the DOC.



During an interview with the DOC, they told the LTCH Inspector it was an expectation of the home that when a fall was unwitnessed, the Clinical Monitoring Record, the home's head injury routine, be completed as directed on the tool. The DOC confirmed there was no record of these assessments for resident #001. [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 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 is (b) complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home 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. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

- 1. The licensee failed to ensure that the following was 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: 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.**

As a result of an inspection for Falls Management and Prevention, the LTCH Inspector reviewed the Quality Program Evaluation for Falls for the year 2016. The document provided by the home did not include the changes made to the Falls Management and Prevention program nor any dates associated with any implemented changes.

Review of the annual evaluation with the DOC revealed the home did not have the dates of any changes made or any record of changes made to the Fall Prevention program for 2016. [s. 30. (1) 1.]



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Issued on this 16th day of November, 2017

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

Original report signed by the inspector.