

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

<b>Report Issue Date:</b> July 5, 2024	
<b>Inspection Number:</b> 2024-1504-0003	
<b>Inspection Type:</b> Critical Incident Follow-up	
<b>Licensee:</b> Ritz Lutheran Villa	
<b>Long Term Care Home and City:</b> West Perth Village, Mitchell	
<b>Lead Inspector</b> Tatiana McNeill (733564)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Christie Birch (740898) Joy Kacsandi (000821) Mark Smith (000815)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): June 27, 28, 2024 and July 2, 2024  
The inspection also occurred offsite on the following date(s): June 27, 2024

The following intake(s) were inspected:

- Intake: #00112596 - IL-0124618-AH/3007-000041-24 -related to Falls Prevention and Management.
- Intake: #00115813 - Follow-up #: 1 – related to Compliance Order #001 from Inspection #2024-1504-0002 related to FLTCA, 2021, s. 24 (1).

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- Intake: #00115887 - IL-0126120-AH/3007-000053-24 -related to Prevention of Abuse and Neglect.
- Intake: #00116244 - CIS #3007-000057-24 -related to Prevention of Abuse and Neglect.

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1504-0002 related to FLTCA, 2021, s. 24 (1) inspected by Christie Birch (740898)

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

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## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

#### **Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The home failed to ensure that a resident's falls prevention interventions were provided, as specified in the plan of care.

#### **Rationale/Summary:**

Review of the resident's care plan indicated that they required an intervention to be in place as part of their falls prevention interventions. The resident was observed to be without their falls prevention intervention in place. During the observation a Registered Nurse (RN) confirmed that the resident required a falls prevention intervention, however it was not in place at the time of the observation. After the observation the RN notified inspector that staff put in place the falls prevention intervention for the resident. Follow-up observation by inspector confirmed the home had made the change.

**Sources:** Observation of a resident, review of the resident's clinical records.  
[000815]

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Date Remedy Implemented: July 2, 2024

## **WRITTEN NOTIFICATION: Required Programs**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) 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.

The licensee has failed to comply with the home's Falls Prevention and Management policy related to head injuries for a resident. In accordance with O.Reg. 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure that they are complied with. Specifically, registered staff did not comply with the licensee's head injury routine protocol as part of the post-falls assessment.

### **Rationale/Summary**

Review of the home's Falls Prevention Management policy (RC-201-49; last revised February 1, 2024) stated that registered staff were to initiate a head injury routine if a resident sustained an unwitnessed fall, or a head injury was suspected. The Falls Prevention Management policy also stipulated that registered staff were to monitor a resident's neurological status post-fall for signs of neurological changes, including level of consciousness, vital signs, and pupillary reaction at specific time intervals post-fall.

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Review of the resident's clinical records indicated that they sustained a witnessed fall. Review of the resident's head injury routine, within their paper chart, identified the head injury routine was not completed as required.

In an interview with a Registered Nurse (RN) they stated that it is the expectation of the home that the head injury routine was completed as required. In an interview with the Assistant Director of Care (ADOC) they acknowledged that the resident's head injury routine, was not completed as per the protocol of the home.

The home's failure to fully complete the resident's head injury routine post-fall, to identify changes in their level of consciousness, placed the resident at an increased risk.

**Sources:** Review of the home's Falls Prevention Management Policy (RC-201-49; last revised Feb 1, 2024), review of the resident's clinical records, interviews with RN, and ADOC. [000815]