Ontario

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
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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
Oct 2, 2013	2013_207147_0017	H-000544-13	Complaint

Licensee/Titulaire de permis

REGENCY LTC OPERATING LP ON BEHALF OF REGENCY
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

THE BRANT CENTRE
1182 NORTHSHORE BLVD. EAST, BURLINGTON, ON, L7S-1C5

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

LALEH NEWELL (147)

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): September 10, 11, 12 and 13, 2013

H-000544-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Physician, Personal Support Workers (PSW), Registered staff, residents and families.

During the course of the inspection, the inspector(s) reviewed resident clinical charts, home's internal investigation notes, staff personnel file and home's policy and procedure related to Pain, Falls Management, Head Injury Routine, Advanced Health Care Directive and Transfer to hospital.

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.) 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 failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Resident #101 had an unwitnessed fall in August 2013 and the registered staff assessed the resident after the fall. As a result of the fall the resident complained of pain and was then diagnosed with an injury.
Interview with the Administrator and review of the resident's clinical record confirm the staff failed to follow the home's policy related to Falls (LTCE-CNS-G-10) and Head Injury Routine (LTCE-CNS-G-5).
According to the home's Falls Policy (LTCE-CNS-G-10) last revised on January 2013 and Head Injury Routine (LTCE-CNS-G-5) last revised on May 2012, the registered staff are required to contact the on-call physician, initiate a Head Injury Routine and complete a pain assessment post fall for resident with a suspected injury.
Review of the resident's progress notes and interview with the registered nurse, confirmed that the resident had an unwitnessed fall, however there is no documented evidence that the registered staff followed the home's policy related to post fall procedure following a fall with a suspected injury. [s. 8. (1)]

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is 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. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

There were no action taken with respect to resident #101, under the Falls Prevention Program, including documentation of reassessments and the resident's response to interventions.
Resident had an unwitnessed fall in August 2013, the registered staff assessed the resident after the fall who complained of pain. Pain medication and interventions were put in place, however the registered staff did not document any further reassessment of the resident's response to the interventions put in place related to the resident's injuries.
The home's Falls policy (LTCE-CNS-G-10) last revised on January 2013 requires the registered nurse to ensure ongoing assessment of resident's condition in the event of a fall.
Review of the progress notes and interview with the registered nurse, confirmed that interventions were provided to the resident after the fall, however no further reassessments or resident's response to these interventions were documented. [s. 30. (2)]

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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented., to be implemented voluntarily.

WN #3: 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 failed to 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.

Resident #103 had a two unwitnessed falls in August 2013 and assessed for falls prevention interventions. Review of the resident's clinical records and interview with staff confirmed that a post fall assessment was not conducted using a clinically appropriate assessment instrument that is specifically designed for falls by the staff. [s. 49. (2)]

Issued on this 2nd day of October, 2013

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

Laleh Nevell