

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

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

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

**Division des opérations relatives aux
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
Feb 18, 2022	2022_953563_0003	001782-22	Critical Incident System

Licensee/Titulaire de permis

Ritz Lutheran Villa
4118A Road 164 R.R. #5 Mitchell ON N0K 1N0

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

Ritz Lutheran Villa
4118A Road 164, R.R. #5 Mitchell ON N0K 1N0

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

MELANIE NORTHEY (563)

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): February 10 and 14, 2022

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Charge Nurse, the Quality Lead and Infection Prevention and Control (IPAC) Co-Lead, a Registered Practical Nurse, a housekeeper, and Personal Support Workers.

The inspector conducted a tour of the home and made observations of residents and care, meal and snack service, and resident/staff interactions. The inspector also observed the infection prevention and control practices and active visitor screening. Relevant resident clinical records, policies and procedures were also reviewed.

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

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

2 WN(s)

2 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
 - (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

The care plan in Point Click Care (PCC) identified the resident as high risk for falls and the Director of Care (DOC) verified there was no intervention documented to indicate that a specific strategy was put in place after the resident's fall and when the resident's health status changed. Personal Support Workers (PSWs) stated the resident had the specific strategy in place. The DOC stated there was no progress note to indicate that the specific strategy was put in place, no assessment of the resident related to implementation of the specific strategy, and no care plan intervention.

The resident was at risk of not being monitored appropriately for fall prevention and management when the care plan was not reviewed and revised at the time the specific strategy was put in place for the resident post fall.

Sources: Resident's clinical record, staff interviews with PSWs and the DOC. [s. 6. (10) (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 ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: 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 the Ritz Lutheran Villa Head Injury Protocol Policy put in place was complied with.

The Ritz Lutheran Villa Head Injury Protocol Policy #RC-201-43 last reviewed April 2021, stated an unwitnessed head injury or neurological insult of unknown origin may cause changes in a resident's level of consciousness or responsiveness, all un-witnessed resident falls will be assessed for a potential head injury. "Following an unwitnessed fall, registered staff will complete a neurological assessment which includes assessing resident's level of consciousness, blood pressure, pulse and respirations and pupillary reaction using the following time intervals - every 15 minutes for 1 hour, then every 60 minutes for 4 hours, then every 4 hours for 24 hours, then every 8 hours for 24 hours."

The Head Injury Routine documentation for the resident was not completed at two of the one hour intervals, two of the four hour intervals and two of the eight hour intervals and the documentation indicated either "missed" or "sleeping".

The Charge Nurse and the DOC both stated that the head injury routine should be completed in full and if the resident was sleeping, they were to be wakened and the neurological assessment completed. The DOC verified that the Head Injury Policy was reviewed as part of the Falls Prevention and Management Program in the home. The DOC verified the word "every" meant the resident was to be assessed at every time interval set out in the policy and there should not be any "missed" assessments.

There was risk to the resident when they were not neurologically assessed for changes in their level of consciousness or responsiveness for time periods lasting as long as 24 hours.

Sources: The Ritz Lutheran Villa Head Injury Protocol Policy #RC-201-43, Head Injury Routine, the resident's clinical record, staff interviews with PSWs, the RN and the DOC.
[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 ensure 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 is complied with, to be implemented voluntarily.

Issued on this 9th day of March, 2022

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

Original report signed by the inspector.