

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 9, 2011	2011_113_8525_09Feb115837	Complaint – Log #198
Licensee/Titulaire IOOF Seniors Homes Inc. 20 Brooks Street, Barrie ON L4N 5L3		
Long-Term Care Home/Foyer de soins de longue durée IOOF Home 10 Brooks Street, Barrie ON L4N 5L3		
Name of Inspector(s)/Nom de l'inspecteur(s) Jane Carruthers #113 Sue McKechnie #140		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection with regards to Resident Care. During the course of the inspection, the inspectors spoke with: The Administrator, Director of Resident Care, Assistant Director of Resident Care, Nurse Practitioner, Restorative Care Co-ordinator and Registered Staff and Personal Support Workers During the course of the inspection, the inspectors: conducted a walk through of a Resident Home Area and reviewed an identified Resident's Plan of Care. The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Protocol ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 5 - WN 2 CO: CO #001, #002, 3 VPC		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O.Reg 79/10 s. 30 (1) 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 the 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.

Findings:

1. There is no Falls Prevention and Management Program in place which includes its goals, objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for referring residents to specialized resources where required [as required under O.Reg. 79/10 s. 48 (1) 1.]

Inspector ID #: #113 and #140

Additional Required Actions:

CO #001 -will be served on the licensee.

WN #2: The Licensee has failed to comply with O. Reg 79/10 s. 49(1)

The falls prevention and management program must, at a minimum provide for strategies to reduce and or mitigate falls, including the monitoring of residents, the review of resident' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies devices and assistive aids.

Findings:

1. The home's falls prevention and management program did not provide for strategies to reduce or mitigate falls following a Resident's fall.
2. The identified Resident fell again.
3. Charge Nurse stated that the home's policy was not implemented until after the Resident's second fall.

Inspector ID #: #113 and #140**Additional Required Actions:**

CO #002 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #3: The Licensee has failed to comply with O. Reg 79/10 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-falls assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls

Findings:

1. The home's falls assessment tool, which identifies the cause of the fall, was not completed after an identified resident fell.
2. When the falls assessment tool was utilized at the time of the second fall, there was an inconsistency noted between the resident's chart and the home's falls assessment tool.

Inspector ID #: #113 and #140**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 when a resident has fallen, the resident is assessed and that the home's post-fall assessment is completed according to the home's policy. This plan is to be implemented voluntarily

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8.s. 6(4) (a)

The licensee shall ensure that the staff and others involved in different aspects of care of the resident collaborate with each other,

- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other: and

Findings:

1. Weekly meetings to discuss residents at risk for falls are held, but the results of those meetings, including individual assessments of resident risk and proposed interventions to reduce that risk are not shared collaboratively with staff providing care.

2. Although it was confirmed by the Nurse Practitioner that an assessment was made of the Resident, there are no progress notes written by the Nurse Practitioner on the Resident's chart indicating that the assessment was completed and the rationale given for action taken.
3. Nurse Practitioner stated that she had dictated the notes on January 24, 2011 which were to be added to the chart, but these were not observed to be in place on February 9, 2011.

Inspector ID #: #113 and #140

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 identification of residents at risk of falls and associated interventions to reduce risk, be collaborative, be communicated to staff, and be part of the resident's plan of care. This plan is to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCH, 2007, S.O. 2007, c. 8, 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.

Findings:

1. Although there is a Physician's order in place for specific blood work to be completed annually, the blood work was not completed between October 2009 and January 2011.

Inspector ID #: #113 and #140

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 physician orders are carried out as required. This plan is to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: (if different from date(s) of inspection).

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public	
Name of Inspector:	Jane Carruthers, Sue McKechnie	Inspector ID # #113 and #140
Log #:	#TO198	
Inspection Report #:	2011_113_8525_09Feb115837	
Type of Inspection:	Complaint Investigation	
Date of Inspection:	February 9, 2011	
Licensee:	IOOF Seniors Homes Inc. 20 Brooks Street, Barrie ON L4N 5L3	
LTC Home:	IOOF Seniors Homes Inc. 20 Brooks Street, Barrie ON L4N 5L3	
Name of Administrator:	Doreen Saunders	

To IOOF Seniors Homes Inc., you are hereby required to comply with the following orders by the dates set out below:

Order #:	#001	Order Type:	Compliance Order, LTCHA, 2007 c. 8, s. 153 1(a)
Pursuant to: The Licensee has failed to comply with LTCHA, 2007 O.Reg 79/10 s. 30 (1) 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 section 48 of this Regulation: 1. There must be a written description of the program that includes the 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			
Order: The home is to ensure that it complies with the requirement to have a Falls Prevention and Management Program in place. There must be a written description of the program that includes the goals and			

objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including referral of residents to specialized resources where required. [as required under O.Reg.79/10 s. 48 (1) 1.]

Grounds:

There is no Falls Prevention and Management Program in place which includes its goals, objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for referring residents to specialized resources where required [as required under O.Reg. 79/10 s.48 (1) 1.]

This order must be complied with by: May 1, 2011

Order #:	#002	Order Type:	Compliance Order, LTCHA, 2007 c. 8, s. 153 1(a)
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Pursuant to: The Licensee has failed to comply with LTCHA, 2007 O. Reg 79/10 s. 49(1) The falls prevention and management program must, at a minimum provide for strategies to reduce and or mitigate falls, including the monitoring of residents, the review of resident' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies devices and assistive aids.

Order:

The home's falls prevention and management program must, at a minimum provide for strategies to reduce and or mitigate falls, including the monitoring of residents and the use of equipment, supplies, devices and assistive aids.

Grounds:

1. The home's falls prevention and management program did not provide for strategies to reduce or mitigate falls following a Resident's fall.
2. The identified Resident fell again.
3. Charge Nurse stated that the home's policy was not implemented until after the Resident's second fall.

This order must be complied with by: April 15, 2011

REVIEW/Appeal INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:.

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 30 day of March, 2011.	
Signature of Inspector:	
Name of Inspector:	Jane Carruthers, Sue McKechnie
Service Area Office:	Toronto