



**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
Direction de l'amélioration de la
performance et de la conformité**

**Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255**

**Bureau régional de services de
Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**

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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
Nov 5, 2013	2013_105130_0033	H-001690- 12	Critical Incident System

Licensee/Titulaire de permis

NIAGARA HEALTH SYSTEM

63 THIRD STREET, WELLAND HOSPITAL SITE, WELLAND, ON, L3B-4W6

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

NIAGARA HEALTH SYSTEM, WELLAND HOSPITAL SITE, EXTENDED CARE UNIT
155 Ontario Street, St. Catharines, ON, L2R-5K3

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

GILLIAN TRACEY (130)

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): September 26, 27 and October 1, 2013

This inspection was conducted simultaneously with the following inspection: H-000296-13.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care (DOC), Registered Staff, personal support workers and housekeeping staff related to H-001690-12.

During the course of the inspection, the inspector(s) interviewed staff and residents, reviewed clinical records, relevant policies and procedures, toured the home and observed care.

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

Minimizing of Restraining

Personal Support Services

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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 home's Falls Prevention and Management Program, section F-10, Falls Prevention and Management indicated: Residents identified at risk will have a "falling star" magnet placed outside their room on the door-frame; Residents using a seatbelt restraint in their wheelchair, will have a "red luggage tag" identifying the type of restraint and the resident's name attached to the wheelchair. Falls Prevention and Management Program Policy, pg. 3, Procedure A: Fall Prevention indicated: Registered staff will: 1. Collaborate with resident and family and interdisciplinary team to conduct the Fall Risk assessment (e.g. Morse Falls Risk Assessment).

The home's policy: R- 10, Restraints & Personal Assistance Services Devices; Application of a Physical Restraint, indicated: Registered Staff were to reassess the resident's condition and the effectiveness of the restraining process at least every eight hours.

a) According to their plans of care, residents #001, #002 and #005 were identified to be at risk for falls. It was observed on September 27, 2013, that resident #001 did not have a red luggage tag on their wheelchair or a falling star magnet on their door-frame, resident #002 did not have a yellow star on their door-frame and resident #003 did not have a red luggage tag on wheelchair. A number of staff interviewed were unable to explain the purpose of the red luggage tags on wheelchairs.

b) According to the Restraint Flow Sheets, resident #001, did not have their restraint assessed by registered staff on at least seven occasions for an identified time frame in 2012, prior to their fall with injury, which occurred in 2012. Resident #002 did not have their restraint reassessed on at least 23 occasions during an identified month in 2013 and resident #004 did not have their restraint assessed on at least 14 occasions during an identified month in 2013. The Director of Care (DOC) confirmed it is the expectation of the home that registered staff sign the flow sheet to confirm the reassessment, every eight hours as per the home's policy. [s. 8. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 110.
Requirements relating to restraining by a physical device**



Specifically failed to comply with the following:

s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

Findings/Faits saillants :

1. The licensee did not ensure that physical restraints were applied in accordance with the manufacturer's instructions. The Application Instructions for the Posey Self Releasing Pro Belt indicated: "Connect the quick release buckle so the belt is across the patient's lower lap. The belt must be snug, but not interfere with breathing. To check for proper fit, slide an open hand (flat) between the belt and the patient".

a) On September 27, 2013, residents #001, #003, #004, #005 and #007, were observed with safety devices in use, which were ill fitting. According to their plans of care, all of the identified residents were known to be at risk for falls. This information was confirmed by staff. [s. 110. (1) 1.]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee did not ensure that every resident was properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

a) According to the plan of care, resident #001, had an identified medical condition and was at risk for falls and required a safety device during specified times. On a specific date in 2013, the resident sustained a fall, which resulted in injury. Staff interviewed and documentation confirmed the resident's safety device was not properly in use.

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 every resident is properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, to be implemented voluntarily.

Issued on this 6th day of November, 2013

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

A handwritten signature in cursive script, appearing to read "Sherry", written in black ink within a rectangular box.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : GILLIAN TRACEY (130)

Inspection No. /

No de l'inspection : 2013_105130_0033

Log No. /

Registre no: H-001690-12

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Nov 5, 2013

Licensee /

Titulaire de permis : NIAGARA HEALTH SYSTEM
63 THIRD STREET, WELLAND HOSPITAL SITE,
WELLAND, ON, L3B-4W6

LTC Home /

Foyer de SLD : NIAGARA HEALTH SYSTEM, WELLAND HOSPITAL
SITE, EXTENDED CARE UNIT
155 Ontario Street, St. Catharines, ON, L2R-5K3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : ~~HELEN FERLEY~~ Colleen Winger

To NIAGARA HEALTH SYSTEM, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et
des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall prepare, submit and implement plan to ensure the home's Falls Prevention and Management Program and the home's policy, Restraints & Personal Assistance Devices: Application of a Restraint, are complied with. The plan shall be submitted to Gillian Tracey by November 15, 2013, at Gillian.Tracey@ontario.ca.

Grounds / Motifs :

1. The home's Falls Prevention and Management Program, section F-10, Falls Prevention and Management indicated: Residents identified at risk will have a "falling star" magnet placed outside their room on the door-frame; Residents using seatbelt restraint in their wheelchair, will have a "red luggage tag" identifying the type of restraint and the resident's name attached to the wheelchair. Falls Prevention and Management Program Policy, pg. 3, Procedure A: Fall Prevention indicated: Registered staff will: 1. Collaborate with resident and family and interdisciplinary team to conduct the Fall Risk assessment (e.g. Morse Falls Risk Assessment).

The home's policy: R- 10, Restraints & Personal Assistance Services Devices; Application of a Physical Restraint, indicated: Registered Staff were to reassess the resident's condition and the effectiveness of the restraining process at least every eight hours.



**Ministry of Health and
Long-Term Care**

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

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

a) According to their plans of care, residents #001, #002 and #005 were identified to be at risk for falls. It was observed on September 27, 2013, that resident #001 did not have a red tag on their wheelchair or a falling star magnet on their door-frame, resident #002 did not have a falling star on door-frame and resident #003 did not have a red luggage tag on wheelchair. A number of staff interviewed were unable to explain the purpose of the red luggage tags on wheelchairs.

b) According to the Restraint Flow Sheets, resident #001, did not have their restraint assessed by registered staff on at least seven occasions during an identified month in 2012, prior to their fall with injury, which occurred on a specific date in 2012. Resident #002 did not have their restraint reassessed on at least 23 occasions during a specific month in, 2013 and resident #004 did not have their restraint assessed on at least 14 occasions on a specific month in, 2013. The Director of Care (DOC) confirmed it is the expectation of the home that registered staff sign the flow sheet to confirm the reassessment, every eight hours as per the home's policy. The Administrator confirmed the home is not using the Morse Fall Risk Assessment tool identified in their policy

(130)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 12, 2013



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

Order / Ordre :

The home shall ensure that all residents in physical restraints, including residents #001, #002, #003, #004, #005 and #007, have their safety devices applied in accordance with the manufacturer's instructions.

Grounds / Motifs :

1. The licensee did not ensure that physical restraints were applied in accordance with the manufacturer's instructions. The Application Instructions for the Posey Self Releasing Pro Belt indicated: "Connect the quick release buckle so the belt is across the patient's lower lap. The belt must be snug, but not interfere with breathing. To check for proper fit, slide an open hand (flat) between the belt and the patient".

a) On September 27, 2013, residents #001, #003, #004, #005 and #007, were observed with safety devices in use. According to their plans of care, all of the identified residents were known to be at risk for falls. This information was confirmed by staff. (130)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 07, 2013



**Ministry of Health and
Long-Term Care**

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

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8



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section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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,

- (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 services for the Licensee.

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**Ministry of Health and
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Order(s) of the Inspector

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Homes Act, 2007*, S.O. 2007, c.8

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Ordre(s) de l'inspecteur

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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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



Ministry of Health and
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Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et
des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Pursuant to section 153 and/or
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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 5th day of November, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

GILLIAN TRACEY

Service Area Office /

Bureau régional de services : Hamilton Service Area Office