



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

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

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

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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 8, 2010	2010_192_2853_08Dec105245	Complaint H - 02868
Licensee/Titulaire Liuna Local 387 Nursing Home (Hamilton) Corporation, 44 Hughson Street South, Hamilton, Ontario, L8N 2A7		
Long-Term Care Home/Foyer de soins de longue durée Queen's Gardens, 80 Queen Street North, Hamilton, Ontario, L8R 3P6		
Name of Inspector(s)/Nom de l'inspecteur(s) Debora Saville Nursing Inspector # 192		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN) and Personal Support Workers (PSW).

During the course of the inspection, the inspector: reviewed medical health records, incident reports and policy and procedure.

The following Inspection Protocols were used during this inspection: Falls Prevention Inspection Protocol, Responsive Behaviours Inspection Protocol.

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN
2 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'exigences 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 Long Term Care Homes Act 2007, S.O. 2007, c. 8, s6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

The plan of care for a specified resident provides conflicting information related to the use of chair and bed alarms.

1. In one area of the plan of care, there is indication that the bed alarm was removed. Monitoring flow sheets indicate that a bed alarm and chair alarm were in use until the day of the resident's transfer. There is no clear direction for staff related to the use of the bed and chair alarms.
2. The "Care Plan" accessible by care providers indicates "bed alarm, October 20, 2010". There is no clear direction for staff when to use the alarm, frequency of monitoring, and there is no reference to the use of a chair alarm, although flow sheet documentation indicates one was in use.
3. A specified resident sustained several falls. The flow sheets indicate at the time there was in use a bed and/or chair alarm to notify staff of attempts to transfer independently. There is no direction for staff related to the use of a bed and /or chair alarm.

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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 ensuring that the written plan of care for each resident sets out clear directions for staff who provide direct care to the resident, to be implemented voluntarily.

WN #2: 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-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

A specified resident fell on multiple occasions, no "Morse Fall Scale" was completed following these falls. The DOC identified during interview that an assessment using the Morse Fall Scale is required following any fall.

1. The specified resident sustained an increase in falls - three falls within 8 days - no re-assessment was completed.

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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 ensuring that post fall assessments are completed using a clinically appropriate assessment instrument; to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s. 8(1)(b)

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, (b) and is complied with.

Findings:

The Morse Fall Scale is to be used for the assessment of fall risk (confirmed by DOC) and is to be completed on admission, at change of condition and after a fall.

The progress notes indicate the resident sustained falls on several occasions. No "Morse Fall Scale" was completed after any of these falls.

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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.**

Deborah Saville

Title: **Date:**

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

January 31/2011