Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 29, 30, Dec 1, 5, 6, 14, 15, 19, 2011	2011_034117_0037	Critical Incident

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

WOODLAND VILLA
30 Milles Roches Road, R. R. #1, Long Sault, ON, K0C-1P0

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

LYNE DUCHESNE (117)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Clinical Care Coordinator, to a Registered Nurse (RN), to several Personal Support Workers (PSW), to several residents and to an Ontario Provincial Police Detective Constable.

During the course of the inspection, the inspector(s) reviewed the health care record of an identified resident, reviewed written statements from two Registered Nurses and reviewed the home's Resident Falls Policy #CS-12.1 and Head Injury Routine Policy #CS12.2.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 subsections:

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).

Findings/Faits saillants :

1. As per O.Reg. 79/10 section 8 (1) (b) the licensee failed to comply with their Fall Prevention Program.

As per O.Reg section 49 (2) The licensee's Fall Prevention Program " shall ensure that when a resident has fallen, the resident is assessed, and that where the condition or circumstances of the resident required, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls."

The licensee's Head Injury Routine policy # CS-12.2, under the Fall Prevention Program, notes "Follow procedures established for Resident Falls and implement Head Injury Routine if resident is known to or appears to have sustained a head injury. Resident's blood pressure, pulse, respirations, pupils and level of consciousness are to be assessed and records as follows:

1st hour-every 15 minutes
next 3 hours - every hour
next 20 hours - every 4 hours". "

On a specified day in November 2011, an identified resident was found to have facial injuries. The cause of the resident's injuries are not known.

The resident was immediately assessed by unit RN. However the resident was not assessed for the next two hours as per the licensee's Head Injury Routine policy.

The resident's health care record, progress notes and Head Injury Routine form, indicate that the resident's condition deteriorated. Interviewed Administrator, Director of Care, unit RN and several PSWs report that the resident was transferred to hospital for further assessment.

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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 to ensure that the licensee's Head Injury Routine policy, is complied with to ensure that when a resident appears to have sustained a head injury, an assessment is conducted using a clinically appropriate assessment instrument, to be implemented voluntarily.

Issued on this 19th day of December, 2011

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs
Lynn Duchesne #117