

Memorandum - 004

Date: May 17, 2021
To: Victoria Manor Committee of Management
From: Pamela Kulas, Executive Director
Re: Ministry of Health and Long-Term Care Critical Incident Inspections

A Ministry of Health Critical Incident Inspection was conducted on March 4-5 and March 10-11, 2021. During the inspection the following inspection protocols were used: Falls Prevention, Infection Prevention and Control, Minimizing of Restraining, Resident Charges, Safe and Secure Home.

During the course of the inspection the home received 5 Written Notices, 4 Voluntary Plan of Correction and 1 Compliance Order.

Glossary of Findings: In order of severity from lowest to highest

Finding Type	Short Form	Interpretation
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home's record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

To summarize findings:

1. **The licensee has failed to ensure that the home is safe and secure environment for its residents, related to the use of restraints**
 - a. Corrective Actions:
 - i. Falls lead (RPN) and Physiotherapy will re-assess each of the seven residents who currently have seatbelt applied.

- ii. Physio will have supplier come into the home and complete an assessment to ensure that all residents who have seatbelts are applied appropriately.
- iii. Restraints/PSAD assessments will be completed for all identified restraints in the home.
- iv. Manufactures instructions to be obtained for all safety devices and will be available in falls program binder for all staff to have access
- v. Education will be provided at registered staff meetings, PSW meetings and via learning packages on appropriate application and monitoring of the devices.
- vi. Physiotherapist will work with nursing team to provide education.
- vii. All residents will be reassessed at resident safety meeting and his plan of care will be based on his interdisciplinary assessment as it relates to seatbelts.
- viii. Documentation of assessment to be completed via progress note through resident care plan.

2. The licensee has failed to ensure the falls prevention and management policy is in place.

a. Corrective Actions:

- i. Education to registered staff regarding post fall assessment of resident i.e. injury.
- ii. Re-education on falls prevention and management policy.

3. The licensee has failed to ensure the plan of care was based on an interdisciplinary assessment with respect to the resident safety risk for restraints.

a. Corrective Actions:

- i. Residents restraint device has been reassessed.

4. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program related to aerosol generating medical procedures

a. Corrective Actions:

- i. Education to registered staff regarding was completed and appropriate signage posted at the time of the visit.

5. The licensee has failed to ensure that residents were not charged for goods and services that the licensee is required to provide

a. Corrective Actions:

- i. Residents were reimbursed for charges

Attachment A: MOHLTC Complaint Inspection Report 20210407