

This Inspection Guide provides *guidance* to the inspector during the initial planning of an inspection. Not all sections will be applicable in every situation and the inspector may need to adjust the inspection based on information collected.

PROFILE FOR RESIDENT

- Name, room number, home area
- Date of birth, date of admission, date of discharge (if applicable)
- Diagnoses
- Other resident information, as applicable: Physician, SDM, Advanced Directives, Activities of Daily Living, and RAI-MDS Outcome Scores, e.g., CPS

CLINICAL RECORD REVIEW (ELECTRONIC AND HARD COPY)

ASSESSMENTS

- RAI-MDS – Section J (Health Conditions), e.g., confirm if falls is a triggered RAP
- Fall risk assessments
- Post fall assessments
- Skin assessments
- Other assessments as applicable, e.g., Physiotherapy, return from hospital
- Documentation of care, e.g., flow sheets, tasks
- External consultations

PLAN OF CARE

- Plan of care is based on assessments
- Focus and goals for care are identified
- Strategies and interventions are in place to manage the risk of falling, e.g., toileting routine, assistance with transfers, bed/chair alarm, fall mat, high-low bed, and call bell location
- Evidence of revisions when condition changes

MEDICATION ADMINISTRATION RECORD (MAR)

- Confirm any recent medication changes
- Medications prescribed that may have adverse side effects, e.g., falls

TREATMENT ADMINISTRATION RECORD (TAR)

- Confirm any treatments related to fall, e.g., skin tears

LAB WORK

- Evidence of UTI, infection (WBC), blood sugar discrepancies

PROGRESS NOTES

- Notes specific to the incident being inspected
- Confirm if resident sustained any injuries, was transferred to hospital.
- Documented history of falls
- Relevant parties notified of the fall, e.g., SDM, Physician
- Medical conditions that may impact mobility
- Strategies and interventions used and the effectiveness of these interventions to prevent, minimize and respond to the resident falling, e.g., mobility
- The assessment and/or re-assessment of interventions, as needed
- Documentation of care (flow sheets, tasks)
- Notes from external consultations

OBSERVATIONS

RESIDENTS

- Correct items in use, e.g., wearing proper shoes, hip protectors, glasses, hearing aids, cane, walker
- Confirm that interventions identified are in place, e.g., bed/chair alarm, fall mat, high-low bed, falls logo, call bell location
- Observe resident in different settings, e.g., activities, restorative care, physiotherapy

- Observe for signs of incontinence or resident asking to be toileted/changed
- Determine if toileting schedules are being followed (if applicable)

STAFF INTERACTION WITH THE RESIDENT

- Staff to resident interaction is with dignity and respect
- Staff's response to the resident's request to be toileted/changed
- Implementation of interventions as per the plan of care
- Staff provide the correct level of assistance with transfers, ambulation
- Residents being toileted regularly, e.g., before/after meals)

OTHER CARE AND SERVICES

- Physiotherapy
- Restorative Care

INTERVIEWS

RESIDENT/SDM

- Engage resident in conversation about their needs related to mobility.
- Determine if the resident feels they receive the support they require with their mobility, ambulation, and transfers.
- Confirm if the resident has had a fall and if they can give an account of the incident.
- Determine if interventions are effective, e.g., fall mats, hip protectors, chair/bed alarm, and call bell.

DIRECT CARE STAFF

PSW and others as applicable

- Discuss how staff are made aware of a resident's needs, related to falls prevention, e.g., plan of care and shift reports).
- Discuss what education and training the staff has been provided on falls prevention, e.g., best practices, program/policies, and supports available.

- Confirm their familiarity of the resident and their care.
- Determine if the staff member is familiar with the incident being inspected.
- Discuss their response if they were present when the incident occurred.
- Confirm if the staff member is aware of the resident's needs related to falls prevention, e.g., toileting routine, assistance with transfers, mobility, bed/chair alarm, fall mat, high-low bed, falls logo, and call bell location.
- Discuss the effectiveness of these interventions.
- Confirm what staff do if the interventions are ineffective, e.g., report to registered staff.
- Determine if there are adequate supplies of falls equipment in the home

REGISTERED STAFF & MEDICAL PERSONNEL

- Discuss the approaches and tools used in the assessment and re-assessment of the resident related to falls prevention.
- Explore how staff monitor and respond to the effectiveness of interventions in place.
- Confirm their role when a resident has fallen, e.g., initiate HIR.
- Confirm their familiarity of the resident and their care.
- Determine if the staff member is familiar with the incident being inspected.
- Discuss their response if they were present when the incident occurred.
- Discuss the ways in which other members of the team are involved in the response and management of falls prevention, e.g., physician, NP, pharmacy, physiotherapy, housekeeping, or specialized resources.
- Follow up on any concerns noted from record review, observations, and other staff interviews.

OTHER STAFF

Involved or have knowledge of the incident

- Discuss what training the staff has been provided on falls prevention.
- Discuss what actions the staff member would take if they witnessed a resident falling.
- Explore the staff person's knowledge of the incident and action taken in response.

MANAGEMENT

Director of Care, Administrator/Delegate

- Confirm that the home has a multidisciplinary falls prevention team, discuss its function.
- Discuss the home's policy and procedures available for the falls prevention program and its components, e.g., equipment available.
- Follow up on any concerns noted from record review, observations, and other staff interviews.

OTHER RECORD REVIEW

- Communication tools, e.g., shift reports, physician book
- CI report
- Investigation notes
- Video or other visual or audio recordings
- Policies and program relevant to falls prevention
- Training records related to falls prevention

FOR FURTHER GUIDANCE

Please refer to policies, guidance documents, and job aids available in the inspectors' Handbook.