Ontario

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

Rapport d'inspection prévue 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

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of Inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
September 29, 2010	2010_146_2890_27Sept140222	Critical incident 2890-000007-10

Licensee/Titulaire
Bella Senior Care Residences Incorporated, 1000 Finch Avenue West, Suite 901, Toronto, On., M3J 2V5

Long-Term Care Home/Foyer de soins de longue durée
Bella Senior Care Residence, 8720 Willoughby Drive, Niagara Falls, ON., L2G 7X3

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

Barbara Naykalyk-Hunt, LTC Homes Inspector - Nursing #146

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection regarding a resident fall with injury possibly from improper care.

During the course of the inspection, the inspector spoke with: the Director of Care (DOC), registered nursing staff, receptionist, 3 residents,

During the course of the inspection, the inspector: reviewed the health file, reviewed the policy regarding falls prevention, reviewed the Falls Management Program written guidelines, met and observed the resident

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

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

2 WN

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'exigence 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 LTCHA, 2007, S.O.2007, c.8, s.24(1):

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

Findings:

1. A resident, fell with injury while seated in wheelchair in hallway. According to the Critical Incident (CI) report, the chair alarm had not been attached as per the care plan(improper care). The CI was reported to the Ministry 8 days after the fall. The resident sustained a bump on the head, an abrased left knee and a painful, swollen left wrist which was later diagnosed as fractured.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O.2007, c.8, s.6 (7):

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings:

1 A resident attempted to self-transfer out of a chair and fell to the floor, sustaining injuries. The Posey alarm had not been attached and/or checked by staff as directed in the care plan's intervention.

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. Barbara Daykalyk-Hurst Oct 13/2010.
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).