



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, L1K-0E1  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
OTTAWA, ON, L1K-0E1  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 26, 2014	2014_287548_0025	O-000682- 14	Follow up

#### **Licensee/Titulaire de permis**

COUNTY OF RENFREW  
9 INTERNATIONAL DRIVE, PEMBROKE, ON, K8A-6W5

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

BONNECHERE MANOR  
470 ALBERT STREET, RENFREW, ON, K7V-4L5

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

RUZICA SUBOTIC-HOWELL (548)

### **Inspection Summary/Résumé de l'inspection**



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): September 24 and 25,  
2015**

**During the course of the inspection, the inspector(s) spoke with Administrator,  
Director of Care, Resident Care Coordinators, Residents, Personal Support  
Workers (PSW), Registered Nurses (RN), Registered Practical Nurses (RPN)  
Physiotherapist and Client Outreach Program Supervisor.**

**During the course of the inspection, the inspector(s) Reviewed the home's plan  
specific to the interdisciplinary team responding to individual resident care  
needs and the evaluation of the effectiveness of a physical restraining device.  
Reviewed resident's health care records, observed residents, reviewed home  
policy: Restraint Use of and Minimizing the Use of Restraints, SOP# N-19-008,  
Revised date: July 2, 2014. Reviewed home procedures related to restraint use,  
reviewed training sessions provided to staff regarding the application of  
Restraints and reviewed the number of staff trained.**

**The following Inspection Protocols were used during this inspection:  
Minimizing of Restraining**

**There are no findings of Non-Compliance as a result of this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 31. (3)	CO #001	2014_287548_0013	548
LTCHA, 2007 S.O. 2007, c.8 s. 5.	WN	2012_034117_0004	548

**Issued on this 26th day of September, 2014**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**