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
February 17 & 18, 2011	2011-117-9506-17Feb150050	Critical Incident Log # O-000141

Licensee/Titulaire

County of Renfrew
9 International Drive
Pembroke, Ontario
K8A 6W5
Fax: 613-735-2081

Mailling address:
470 Albert Street
Renfrew, Ontario
K7V 4L5

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

Bonnechere Manor
470 Albert Street
Renfrew, ON
K7V 4L5
Fax: (613) 432-7138

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

Lyne Duchesne #117

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to the care and services provided to an identified resident.

During the course of the inspection, the inspector spoke with the home's Administrator, the Director of Care, to a Registered Nurse, to a Registered Practical Nurse, to a Personal Support Worker and to the identified resident.

During the course of the inspection, the inspector reviewed the identified resident's health care record and examined a resident room.

The following Inspection Protocol was used during this inspection:

- Fall Prevention

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

1 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 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

(4) Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

Findings:

- An identified resident who suffers from multiple medical conditions, ambulates with a four-wheeled walker, is identified as being at high risk for falls.
- On January 14, 2011, the resident was found sitting on the floor of his/her room by a Personal Support Worker, who was passing the afternoon nourishments. The resident appeared to have fallen.

- The Personal Support Worker notified the Registered Practical Nurse, via internal cell phone, that the resident had fallen and was on the floor in his/her room.
- The Personal Support Worker failed to remain by the resident's side to provide care and support while waiting for the registered nursing staff to arrive and assess the resident.

Inspector ID #:	117

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.**
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). March 4, 2011