



**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

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

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|--|---|---|
| Date(s) of inspection/Date de l'inspection February 18, 2011 | Inspection No/ d'inspection 2011-117-9506-18Feb112231 | Type of Inspection/Genre d'inspection Critical Incident Log # O-002912 |
| Licensee/Titulaire County of Renfrew 9 International Drive Pembroke, Ontario K8A 6W5 Fax: 613-735-2081 Mailing 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 a resident.

During the course of the inspection, the inspector spoke with the home's Administrator, the Director of Care, to two Registered Nurses, to a Registered Practical Nurse, to two Personal Support Workers, to a Housekeeper 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, unit hallway and tub room.

The following Inspection Protocol was used during this inspection:

- Minimizing Restraints

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

1WN

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.

Le suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* a 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.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.

Findings:

- A resident who suffers from dementia is identified as being at high risk for falls. The resident's plan of care identifies that a back clip lap tray is to be applied to the resident's wheelchair when the resident is seated in the wheelchair.
- On November 29 2010, a Personal Support Worker positioned the identified resident in his/her wheelchair in preparation for a transfer to the tub room for the resident's scheduled bath.
- The Personal Support Worker did not apply the back clip lap tray, as per the resident's plan of care.
- The Personal Support Worker was pushing the resident's wheelchair, in the unit hallway to



the tub room when the resident fell forward, out of the wheelchair.

- The resident sustained facial injuries
- The Personal Support Worker admitted to the unit Registered Practical Nurse to not having applied the wheelchair lap tray to the resident's wheelchair as per the resident's plan of care.

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