



**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

Direction de l'amélioration de la performance et de la
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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 16 & 17, 2011	2011-117-9506-17Feb115846	Critical Incident Log # O-001985
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		



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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 one 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, reviewed the home's policies and procedures on Prevention of Resident Abuse or Neglect (#G-007), reviewed the home's Mandatory In-services binder and examined a resident room.

The following Inspection Protocols were used during this inspection:

- Prevention of Abuse, Neglect and Retaliation

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/Référer 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:

- (1) Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

- An identified resident suffers from multiple medical conditions and is in full possession of his/her mental abilities and is cognitively capable.
- In September 2010, a Personal Support Worker was verbally aggressive with the identified resident. The Personal Support Worker spoke to the resident in an angry tone of voice and yelled at the resident.

Inspector ID #: 117



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**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 2 2011