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
Direction de l'amélioration de la performance et de la conformité

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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
June 6, 2011	2011_155_9507_06Jun100703	L-000745 Complaint

Licensee/Titulaire
Corporation of the County of Bruce, 41 McGivern Street, P.O. Box 1600, Walkerton, ON N0G 2V0

Long-Term Care Home/Foyer de soins de longue durée
Brucelea Haven Long Term Care Home-Corporation of the County of Bruce, 41 McGivern St., West, P.O. Box 1600, Walkerton, ON N0G 2V0

Name of Inspector(s)/Nom de l'inspecteur(s)
Sharon Perry #155

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding resident care.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Nurse, Registered Practical Nurse, Personal Support Workers (PSW), and Residents.

During the course of the inspection, the inspector: toured the home, observed Arjo lifts (Maxi move, Alenti, Opera, and Chorus); reviewed the home's Minimal Lift Policy; reviewed memo of May 31, 2011 regarding Transfer Logos/Slings/Careplans; and reviewed clinical records of 3 residents.

The following Inspection Protocols were used during this inspection:
Personal Support Services Inspection Protocol

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

2 WN
2 VPC

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.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's plan of care indicates that the resident is a mechanical lift with specific interventions. The identified resident was transferred from bed to chair resulting in an injury.
2. An identified resident's plan of care indicated they were a 2 person side by side transfer. The identified resident was transferred by one staff and resulted in an injury.

Additional Required Actions:
VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.36
Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Findings:

1. An identified resident was transferred from bed to chair using the full mechanical lift with specific interventions. These were not followed and resulted in injury.
2. An identified resident was transferred with one staff instead of a 2 person side by side transfer. This resulted in injury.

Additional Required Actions:
VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

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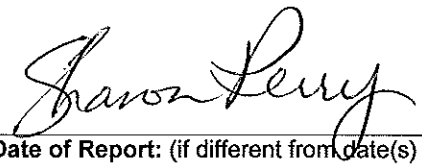
Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title: Date:	**Date of Report:** (if different from date(s) of inspection). June 13, 2011