



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection May 20, 2011	Inspection No/ d'inspection 2011_133_2665_20May121210

Licensee/Titulaire

New Orchard Lodge Limited [a subsidiary of Extendicare (Canada) Inc.]
3000 Steeles Avenue East
Suite 700
Markham, Ontario
L3R 9W2
Phone: 905-470-4000
Fax: 905-470-5588

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

Extendicare Laurier Manor
1715 Montreal road
Gloucester, Ontario
K1J 6N4
Phone: 613-741-5122
Fax: 741-8432

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

Jessica Lapensée, #133

Inspection Summary/Sommaire d'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 prévue
le *Loi de 2007 les
foyers de soins de
longue durée***

The purpose of this inspection was to conduct a critical incident (# 2665-000005-11) inspection related to a resident's fall off of a raised toilet seat.

During the course of the inspection, the inspector spoke with the administrator, the director of care, the environmental service manager, a maintenance services staff person and a restorative services staff person.

During the course of the inspection, the inspector went into the majority of resident's washrooms on the 2nd, 3rd and 4th floor and observed raised toilet seats. In addition, the inspector observed a resident and reviewed a component of that resident's health care record.

The following Inspection Protocol was used during this inspection:
Safe and Secure Home

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/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: 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 constitue 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 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:

a) A personal support worker failed to ensure a raised toilet seat was securely affixed to a toilet before assisting a resident to use that toilet. As a result, the resident fell off of the toilet and sustained a skin tear to her left ear and left forearm. The positioning device was unsafe as it was not secure.



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 prévue
le *Loi de 2007 les
foyers de soins de
longue durée*

Inspector ID #:	133
-----------------	-----

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).
--------	-------	--

Jessica Janssé

May 25, 2011