

**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

**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***

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Telephone: 905-546-8294  
Facsimile: 905-546-8255

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>th</sup> étage  
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
<b>Date(s) of inspection/Date de l'inspection</b> August 11 and 12, 2010	<b>Inspection No/ d'inspection</b> 2010_147_2884_11Aug14628	<b>Type of Inspection/Genre d'inspection</b> Complaint – H-00660
<b>Licensee/Titulaire</b> Extendicare (Canada) Inc. 3000 Steeles Avenue East Suite 700 Markham, ON L3R 9W2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Extendicare Mississauga 855 John Watts Boulevard Mississauga, ON L5W 1G2		
<b>Name of Inspector</b> Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		



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The purpose of this inspection was to conduct a Complaint inspection related to inappropriate transfer of a resident which resulted in a fracture.

During the course of the inspection, the inspector spoke with:

- Director of Care, Assistant Director of Care, Administrator, Resident and RPN

During the course of the inspection, the inspector:

- Reviewed the Internal incident report, the internal investigation report, and the personnel file of staff who were involved in the incident.

The following Inspection Protocols were used during this inspection:

- Falls 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/Référant 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.

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-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* 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:

1. An identified resident had been assessed as requiring two staff with a mechanical lift for all transfers. In 2010 the resident sustained a fracture to the left humerus as a result of one staff utilizing a sit to stand lift for transferring the resident in the shower room.

Inspector ID #: 147



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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.

*Revised for the purpose of publication.*

*Hand signed Aug 5/11 Jon*

*JH - Newell*

Title:

Date:

Date of Report: (if different from date(s) of inspection)