



**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

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

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

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

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

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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
December 15-16, 2010	2010_126_2485_15Dec100406	Complaint log #1542

Licensee/Titulaire
Extendicare Northeastern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.]
3000 Steeles Avenue East, Suite 700, Markham, ON L3R 9W2
Fax: 1- 905-470-5588

Long-Term Care Home/Foyer de soins de longue durée
Extendicare Starwood. 114 Starwood Rd, Nepean, ON K2G 3N5 fax 613-224-9309

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

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the care and services of a resident.

During the course of the inspection, the inspector spoke with resident Power of Attorney, the charge nurse and the Director of care.

During the course of the inspection, the inspector reviewed the resident's health care records and observed the care and services provided to that resident.

The following Inspection Protocols were used during this inspection:

- Minimizing of restraining Inspection Protocol
- Continence care and Bowel Management

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

2 WN
1VPC



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.)

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s6.

(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:

1. On September 13, 2010, the Health Care Aide that provided care to the resident did not apply the seat belt restraint as ordered by the Physician and as noted in the plan of care. As a result of not applying the seat belt, the resident fell on the floor. She did not sustain any injury.
2. In the Plan of care it was indicated that the resident was to wear a seat belt restraint while sitting in her wheelchair.

Additional Required Actions:

VPC #1 - 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 that will ensure resident's seat belt restraint are applied by the Health Care Aide as ordered by the physician, to be implemented voluntarily.

Inspector ID #: 126

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 30

(2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

1. The documentation of the assessment of the fall of the resident on October 15, 2010, under MDS "HOBIC" indicate "no fall occurring in last 180 days." And the documentation in the progress note of the resident indicates she fell off her wheelchair on September 13, 2010 because her seat belt restraint was not applied as per Physician Order and as per plan of care.


Inspector ID #: 126



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*

Signature du Titulaire du représentant désigné	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). 