



**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

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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 November 23-26/10	Inspection No/ d'inspection 2010_154_2936_25Nov110221	Type of Inspection/Genre d'inspection Mandatory Report CI # 2963-00062-10 Log # S-00246
Licensee/Titulaire F. J. Davey Home, 733 Third Line East, Box 9600, Sault Ste Marie, ON P6A 7C1 Fax: 705-942-2234		
Long-Term Care Home/Foyer de soins de longue durée F. J. Davey Home, 733 Third Line East, Box 9600, Sault Ste Marie, ON P6A 7C1 Fax: 705-942-2234		
Name of Inspector(s)/Nom de l'inspecteur(s) Gail Peplinskie #154 and Margot Burns-Prouty # 106		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a Mandatory Report Inspection.

During the course of the inspection, the inspector(s) spoke with:

- Administrator
- Director Of Care
- Nurse Managers
- RAI MDS Coordinator
- Registered Nursing Staff
- Personal Support Workers (PSW)
- Resident involved in Mandatory Report

During the course of the inspection, the inspector(s):

- Reviewed health care record for a resident
- Interviewed a resident
- Observed transfer of 2 dependent residents

The following Inspection Protocol was used during this inspection:

- Falls Prevention

1 Finding of Non-Compliance was 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/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(10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.



Findings:

1. The plan of care for a resident has not been reviewed and revised when the resident's care needs had changed.
2. The plan of care for a resident has not been reviewed and revised to include care recommendations from another discipline following an assessment.

Inspector ID #:	154 and 106
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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 of Report:
	