

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

 Division de la responsabilisation et de la performance du
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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
February 23, 2011	2011_140_9527_23Feb110412	Other - Critical Incident Log # -T2208

Licensee/Titulaire

 Corporation of the County of Simcoe
1110 Highway 26
Midhurst ON L0L 1X0

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

 Georgian Manor Home for the Aged
7 Harriet Street
Penetanguishene ON L9M 1K8

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

Sue McKechnie #140

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Follow up to a Critical Incident inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Physiotherapy Assistant, Resident's family member, Registered Staff

During the course of the inspection, the inspector: Reviewed a resident's plan of care, viewed the Resident.

The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Inspection Protocol

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

 2 - WN
1 - 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 LTCH, 2007, S.O. 2007, c. 8, s. 6 (8):
The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Findings:

1. **Physiotherapy notes regarding ongoing physiotherapy interventions and resident outcomes are not accessible to staff providing care**

Inspector ID #: #140

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 all staff and others who provide direct care to a resident have convenient and immediate access to physiotherapy interventions, outcomes and effectiveness of the plan of care. This plan is to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg. 79/10. s. 48(1)1
Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. **A falls prevention and management program to reduce the incidence of falls and the risk of injury.**

Findings:

1. **In October, 2010, there was no Falls Prevention and Management Program to reduce the incidence of falls and the risk of injury.**

Inspector ID #: #140

Additional Required Actions: None



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). <i>May 10, 2011</i>	

Paula Matthews for Sue H. Keckie