



**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

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

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

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

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

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

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

<b>Date(s) of inspection/Date de l'inspection</b> September 22, 23, 2010	<b>Inspection No/ d'inspection</b> 2010_146_2909_22Sept115916	<b>Type of Inspection/Genre d'inspection</b> Complaint H-00973, H- 00990, H-01016
---	--	--

**Licensee/Titulaire**  
Henley House Limited, 200 Ronson Drive, Suite 305, Toronto, On., M9W 5Z9

**Long-Term Care Home/Foyer de soins de longue durée**  
The Henley House, 20 Ernest Avenue, St Catharines, On., L2N 7T2

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Barbara Naykalyk-Hunt LTC Homes Inspector #146

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: the Administrator, The Director of Care (DOC), the Associate Director of Care (ADOC), 3 registered nursing staff, 3 personal support workers (PSW) and 2 residents.

During the course of the inspection, the inspector: toured the home, reviewed the resident file and interviewed 2 residents in their respective rooms.

The following Inspection Protocols were used during this inspection: Resident Dignity and Choice

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/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.3(1)**

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

**4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs**

**Findings:**

1. The resident's health file indicated that he/she needed to be kept clean and dry due to excoriated groins and a Stage 2 ulcer on the coccyx. On August 18, 2010 the resident was left in a wet incontinent product and wet bed for 3 hours between the approximate hours.

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.

*Barbara Staphel-Hart*  
Oct 13/2010

Title:

Date:

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