



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 8, 2016	2016_216144_0048	016743-16	Critical Incident System

---

**Licensee/Titulaire de permis**

S & R NURSING HOMES LTD.  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

---

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

HERON TERRACE LONG TERM CARE COMMUNITY  
11550 McNorton Street WINDSOR ON N8P 1T9

---

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CAROLEE MILLINER (144)

---

**Inspection Summary/Résumé de l'inspection**

---



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): August 3, 4, 2016**

**This critical incident inspection was related to falls prevention and management.  
Critical Incident 2898-000015-16**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Care (MRC) , one Registered Practical Nurse (RPN) and one Personal Support Worker (PSW).**

**During the course of this inspection, the Inspector reviewed one resident clinical record.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Minimizing of Restraining**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement**



Specifically failed to comply with the following:

**s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:**

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
  - i. a physician,**
  - ii. a registered nurse,**
  - iii. a registered practical nurse,**
  - iv. a member of the College of Occupational Therapists of Ontario,**
  - v. a member of the College of Physiotherapists of Ontario, or**
  - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that alternatives to the use of a personal assistance services device (PASD) have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living.

One PSW and one RPN shared with the Inspector that devices observed on a wheelchair for one resident was used as a personal assistance services device (PASD).

Review of the resident's clinical record revealed that the resident's plan of care included both devices being used as a PASD. Further review revealed that an assessment for alternatives to the use of a PASD had not been completed.

One RPN advised that alternatives to the use of a PASD should have been completed before consent was received from the Substitute Decision Maker to use the devices.

The MRC agreed that alternatives to the use of a PASD should have been completed by registered staff prior to the application of the devices on the wheelchair.

[s. 33. (4) 1.]

***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 alternatives to the use of a PASD are considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living., to be implemented voluntarily.***

---



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 9th day of August, 2016**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**