



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

**Rapport d'inspection  
prévues 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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**Ministère de la Santé et des Soins de  
longue durée**

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<b>Date(s) of inspection/Date de l'inspection</b> January 26 and 28, 2011	<b>Inspection No/ d'inspection</b> 2011_147_9544_26Jan112118	<b>Type of Inspection/Genre d'inspection</b> Critical Incident – H-00199
<b>Licensee/Titulaire</b> The John Noble Home 97 Mt. Pleasant Street Brantford, Ontario N3T 1T5		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> The John Noble Home 97 Mt. Pleasant Street Brantford, Ontario N3T 1T5		
<b>Name of Inspector</b>  Laleh Newell - 147 Yvonne Walton - 169		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct a Critical Incident inspection.  
During the course of the inspection, the inspectors spoke with:

Director of Care, Administrator, family member, staff on the unit and observed care on the unit.

During the course of the inspection, the inspectors:

Reviewed resident's clinical charts and reviewed licensee's Falls Prevention and Head Injury Policy.

The following Inspection Protocols were used during this inspection:

Falls Prevention  
Hospitalization and Death

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

[1] WN  
[1] VPC

**WN #1 The Licensee has failed to comply with - LTCHA, 2007 S.O. 2007, c.8, s. 6(10)b**  
**(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. An identified resident had a fall a result of an un-witnessed altercation with another resident. Plan of care did not reflect interventions and strategies related to change in post fall care status.
2. Head to toe skin assessment completed, two days post fall, did not reflect the identified resident's skin injury obtained during the fall and altercation.
3. The Nutritional and Hydration risk identification tool was completed after the resident's death.
4. Blood work reflected abnormal values, however was not reassesse as per plan of care.
5. The identified resident's Meal and Fluid Intake record reflects a significant decrease in total fluid intake of greater than 50% one day post fall, up to time of death. Resident was not reassessed and a plan of care developed to address his hydration status post fall.

**Inspector ID #:** 147 and 169

**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 any actions taken with all residents include assessment, reassessment, intervention and the response to the intervention are documented, to be implemented voluntarily.

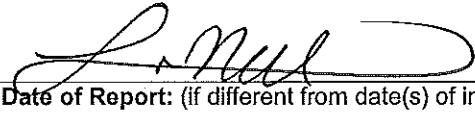


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Signature du Titulaire du représentant désigné	representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: _____ Date: _____	 Date of Report: (if different from date(s) of inspection). <i>Aug 23/11</i>