Ontario

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

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
September 21, 2010	2010_146_9551_21Sept110051	Critical Incident H-01106

Licensee/Titulaire
Regional Municipality of Niagara, 2201 St David's Road, Thorold, On.,L2V 4T7

Long-Term Care Home/Foyer de soins de longue durée
Linhaven, 403 Ontario Street, St Catharines, On., L2N 1L5

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 Critical Incident inspection regarding a resident fall from suspected improper care which resulted in injury.

During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care (DOC), the Associate Director of Care (ADOC).

During the course of the inspection, the inspector: did a health file review of the resident and reviewed the home's policy regarding bathing and showering chairs (N070401).

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

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

2 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.24(1)

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

Findings:

1. A resident slid from a shower chair and was injured in 2010 as a result of improper care. The Personal Support Worker attended the resident in the shower room alone and did not follow the plan of care which stated 2 persons were to bathe the resident nor did the staff person use the safety belt (as per the home's policy N070401) on the shower chair. The home did not immediately report the incident to the Director. The CIS was submitted in 2010.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6(7)

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings:

1. A resident was bathed by one staff person in 2010 and sustained an injury when she fell from the chair. The care plan's directions were to use 2 staff for the resident's bath/shower.

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. Revised for the purpose of publication Initials assigned Aug 5/11
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).