



**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, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} 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

Date(s) of inspection/Date de l'inspection December 14, 2010	Inspection No/ d'inspection 2010_146_9551_14Dec080359	Type of Inspection/Genre d'inspection Critical Incident H-02993
Licensee/Titulaire The 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. #146		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Critical Incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, a Manager and 2 registered staff.</p> <p>During the course of the inspection, the inspector: reviewed the health files of 2 identified residents.</p> <p>The following Inspection Protocols were used during this inspection: Responsive Behaviours</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>		

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.6(11):

When a resident is reassessed and the plan of care reviewed and revised,
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Findings:

1. An identified resident's care plan was re-assessed and revised by the licensee since the resident's previous responsive behaviours, but, according to the health file, three further similar incidents have occurred. Different approaches were not considered in the revision of the plan of care.

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 in ensuring that different approaches are considered when the plan of care has not been effective, to be implemented voluntarily.

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).