



# 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  
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Direction de l'amélioration de la performance et de la  
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire Public	<input checked="" type="checkbox"/> Public Copy/Copie
Date(s) of inspection/Date de l'inspection January 6, 7, 2011	Inspection No/ d'inspection 2011_159_2577_05Jan12593 3	Type of Inspection/Genre d'inspection Complaint H-3007		
<b>Licensee/Titulaire</b> Canadian Reformed Society for a Home For the Aged 337 Stone Church Road East, Hamilton ON L9B 1B1 FAX: 905 335-3699				
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Mount Nemo Christian Nursing Home 4486 Guelph Line, RR#2 Milton ON L9T 2X6				
<b>Name of Inspector /Nom de l'inspecteur</b> Asha Sehgal				
<b>Inspection Summary/Sommaire d'inspection</b>				
The purpose of this inspection was to conduct a complaint investigation.				
During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Food Service Manager, Registered Nursing Staff, Personal Support Worker (PSW) and Food Service workers.				
During the course of the inspection, the inspector reviewed resident health record, obtained a copy of care plan, Observed residents in rooms and dining areas, Observed 2 noon meals and morning and afternoon snacks, Interviewed staff, and residents				
The following Inspection Protocols were during this inspection: Dining Observation Dignity, Choice and Privacy.				
Findings of Non-Compliance were found during this inspection. The following action was taken:				
1 WN				



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## 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 O.Reg. 79/10, s. 36

Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

### Findings:

January 7, 2011 at approximately 1540 hour an identified resident was observed left lying in her bed in a maxi sling attached to a transferring device Hoyer lift, and no staff present. Interview with Administrator confirmed that the home has a policy to only bring lift into resident's room when ready to transfer the resident. Lifts are not be left in the room.

Inspector ID #: 159

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.

*M.S. Selgo*

Title:

Date:

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

*July 21, 2011*