



**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

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Direction de l'amélioration de la performance et de la  
conformité

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
June 24, 2011	2011-159120-0012 2011-159120-0013	H-000190-11 Critical Incident H-000243-11 Critical Incident
<b>Licensee/Titulaire</b>		
Canadian Reformed Society for a Home for the Aged Inc., 337 Stone Church Road East, Hamilton, ON L9B 1B1		
<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(s)/Nom de l'inspecteur(s)</b>		
Bernadette Susnik, Environmental Health #120		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this visit was to conduct an inspection following the submission of two Critical Incidents.</p> <p>During the course of the inspection, the inspector spoke with the Director of Care and Maintenance Person.</p> <p>During the course of the inspection, the inspector reviewed resident clinical records, reviewed the home's investigative notes regarding the identified incidents and the home's policies and procedures.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> <li>• <i>Personal Support Services</i></li> <li>• <i>Safe and Secure Home</i></li> </ul> <p>Findings of Non-Compliance were found during this inspection. The following actions were taken:</p> <p><b>4 WN</b></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 the LTCHA, 2007, S.O. 2007, c.8, s. 3. (1)4. Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:***

- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.*

**Findings:**

An identified resident, who is completely dependent on nursing staff to provide full care, received improper care in 2010. The resident sustained an injury, the cause of which could not be fully determined. The resident was seen by a Physician and treated successfully. The resident did not receive care in a manner that prevents them from harm and therefore in a manner consistent with their need to be properly cared for. The worker who cared for the resident on the day the resident received the injury is no longer an employee of the home.

**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.***

**Findings:**

A personal support worker of the home did not follow the plan of care as set out for an identified resident in 2011 with respect to transfers. The resident required a 2-person transfer or assist, which was clearly set out in the resident's plan of care and at the bedside using a logo/symbol. The worker did not ensure that they had another employee present to assist them with the resident. The worker also did not prepare the wheelchair prior to assisting the resident from a lying position to a seated position. As the worker's attention shifted from the resident, the resident stood up and slid down to the floor, causing the resident pain. The resident was subsequently transferred to hospital and returned with no injuries. The worker is no longer an employee of the home.

**WN #3: *The licensee has failed to comply with O. Reg. 79/10, s. 107.(3)4. The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):***

- 4. An injury in respect of which a person is taken to hospital.*

**Findings:**

The critical incident regarding the resident who slid to the floor and was subsequently taken to hospital was not



submitted to the Director within one business day after the occurrence of the incident. The incident was not reported to the Director until 6 days after the event.

**WN #4: *The licensee has failed to comply with the LTCHA 2007, S.O. 2007, c.8, s. 24(1)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:**

The critical incident regarding the resident who sustained an injury was not submitted to the Director immediately. The time frame between a definitive diagnosis and the submission of the report was 13 days.

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.

**Report revised for the purpose of publication – October 27, 2011**

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