



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

**Rapport d'inspection
prévus 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

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119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

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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 March 22, 2011	Inspection No/ d'inspection 2011_146_9610_22Mar072626	Type of Inspection/Genre d'inspection Complaint H-00553
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Licensee/Titulaire
Regional Municipality of Niagara, 2201 St David's Rd, Thorold, ON., L2V 3Z3

Long-Term Care Home/Foyer de soins de longue durée
Northland Pointe, 2 Fielden Ave., Port Colborne, ON., L3K 6G4

Name of Inspector(s)/Nom de l'inspecteur(s)
Barbara Naykalyk-Hunt, #146

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: the Manager of Dietary, Housekeeping and Laundry, the Director of Care, 3 registered staff, 3 personal support workers, a resident and the resident's POA

During the course of the inspection, the inspector: reviewed the health file of an identified resident, interviewed the resident and family and observed the resident's room and furnishings.

The following Inspection Protocol was used during this inspection: personal support services

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

4 WN
1 VPC
1 CO: CO # 001

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.6(1)

6(1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings:

1. An identified resident has a chair which staff transfer the resident into by mechanical lift.
2. The resident's health file indicates that the resident is unsteady when left sitting unassisted and cannot balance self.
3. The identified resident fell out of the chair and sustained injury.
4. There are no directions in the identified resident's plan of care regarding:
 - a. strategies to mitigate the risk of slipping out of the chair pre-injury or
 - b. post-operative care/assessment of the incision

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

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:

1. The care plan states that an identified resident must wear non-skid shoes when up in chair. On the day the resident slipped out of the chair and fell, the nurse's notes indicate that the resident had smooth soled moccasins on.

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, s.26(3)

26(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

18. Special treatments and interventions.

Findings:

1. The resident returned from the hospital with a surgical incision. The plan of care contains no assessment or interventions for the surgical incision.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.26(3)

26(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

19. Safety risks.

Findings:

1. An identified resident has a chair into which the resident is transferred by mechanical lift.
2. The resident's health file indicates that the resident is unsteady when left sitting unassisted and cannot balance self.
3. Staff have found the resident in the chair in a partially raised position on several occasions over the past few months and reported the risk of falling to the registered staff. This safety risk was not addressed in the plan of care and the resident fell from the partially raised chair and sustained an injury.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.



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

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Barbara Naykalyk-Hunt	Inspector ID # 146
Log #:	H-00553	
Inspection Report #:	2011_146_9610_22Mar072626	
Type of Inspection:	Complaint	
Date of Inspection:	March 22, 2011	
Licensee:	Regional Municipality of Niagara, 2201 St David's Road, P.O. Box 344, Thorold, ON., L2V 3Z3	
LTC Home:	Northland Pointe, 2 Fielden Avenue, Port Colborne, ON., L3K 6G4	
Name of Administrator:	Joy Misztal	

To Regional Municipality of Niagara, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance order, Section 153 (1)(b)
Pursuant to: O.Reg. 79/10, s.26(3) 26(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 19. safety risks			
Order: The Licensee shall prepare, submit and implement a plan for achieving compliance in ensuring the safety of an identified resident when using an identified chair and ensuring the safety of any or all other residents utilizing these chairs. The Licensee shall submit the plan electronically to this inspector at barbara.naykalyk-hunt@ontario.ca by April 1, 2011			
Grounds: 1. An identified resident was found by staff on several occasions with an identified chair in a forward position and at risk of falling. No plan of care was in place to mitigate the risk. On one occasion, the resident fell forward from the slightly raised chair resulting in injury.			



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This order must be complied with by: Immediate

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 Ministry of Health and Long-Term Care
 55 St. Clair Ave. West
 Suite 800, 8th floor
 Toronto, ON M4V 2Y2
 Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 55 St. Claire Avenue, West
 Suite 800, 8th Floor
 Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this day of , 2011. - Revised for the purpose of publication - Sept 29, 2011

Signature of Inspector:

Cherise Jon B. Naykalyk-Hunt



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Name of Inspector:	Barbara Naykalyk-Hunt, #146
Service Area Office:	Hamilton