



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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 30, 2011	2011-120-8523-30Mar081536	H-00382-11 – Critical Incident
Licensee/Titulaire		
The Governing Council of the Salvation Army in Canada, 2 Overlea Blvd., Toronto, ON M4H 1P4		
Long-Term Care Home/Foyer de soins de longue durée		
R & H Lawson Eventide Home, 5050 Jepson Street, Niagara Falls, ON L2E 1K5		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Bernadette Susnik, Environmental Health #120		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a follow-up to a Critical Incident Report that was submitted to the Ministry of Health and Long Term Care regarding an injury sustained by a resident.</p> <p>During the course of the inspection, the inspector spoke with the Director of Care, Environmental Services Supervisor and a registered nurse. On April 1, 2011, a telephone interview was held with the home's Physiotherapist.</p> <p>The inspector conducted a walk-through of the home, observing residents sitting in wheelchairs in various locations. Various documents were reviewed, including the resident's plan of care.</p> <p>The following Inspection Protocol was used during this inspection:</p> <ul style="list-style-type: none"> • <i>Personal Support Services</i> <p>There are findings of Non-Compliance as a result of 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'exigences prévue le paragraph 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.

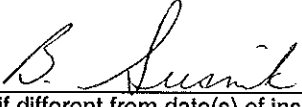
WN #1: The licensee has failed to comply with the O. Reg. 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Findings:

An identified resident sustained an injury to their foot when a staff member did not use the appropriate positioning device (foot rests or leg rest straps) when porttering via wheelchair. The home identified the risk of injury to residents being porttered using wheelchairs in July 2010. The home specifically identified the need to use leg rest straps on chairs and to ensure the straps are of the correct fit. The home did not ensure that this directive was implemented for the identified resident.

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 respect to ensuring that staff use safe transferring and positioning devices or techniques when assisting residents.

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). 