



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch
 Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
 119 King Street West, 11th Floor
 HAMILTON, ON, L8P-4Y7
 Telephone: (905) 546-8294
 Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
 119, rue King Ouest, 11^{ème} étage
 HAMILTON, ON, L8P-4Y7
 Téléphone: (905) 546-8294
 Télécopieur: (905) 546-8255

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 8, 2012	2012_191107_0003	Other

Licensee/Titulaire de permis

THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA
 369 Frederick Street, KITCHENER, ON, N2H-2P1

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 ou des inspecteurs

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with Residents, the President of the Resident's Council, family members, nursing and dietary staff, the Administrator, Director of Care, and Nutrition Manager.

During the course of the inspection, the inspector(s) Toured the home, observed the noon meal service, and reviewed the clinical health records of 5 residents.

The following Inspection Protocols were used during this inspection:

Minimizing of Restraining

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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<p>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.)</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p>
<p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following subsections:

s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

- 1. Staff apply the physical device in accordance with any manufacturer's instructions.**
- 2. The physical device is well maintained.**
- 3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).**

Findings/Faits saillants :

1. Staff did not apply physical devices, used for the restraining of residents, in accordance with manufacturer's specifications.

On November 7, 2012, the following was observed:

1. Resident #001, with known responsive behaviours, was observed at 11:25 hours with a front fastening seatbelt secured in a geri-chair. The belt was not snug fitting, allowing greater than a hand width distance between the resident's abdomen and the belt.
2. Residents #002 and #003, both with identified risks for falls, were observed at 11:50 hours with front fastening seatbelts secured in their wheelchairs. The belts were not snug fitting, allowing greater than a hand width distance between the resident's abdomen and their belts.
3. Resident #004 and #005, both with identified risks for falls, were observed at 11:50 hours with rear fastening seatbelts secured in their wheelchairs. The belts were not snug fitting, allowing greater than a hand width distance between the resident's abdomen and the belts.
4. Interview with the Registered Staff caring for resident #001, 002, 003, 004 and 005 confirmed that all residents were being restrained with the physical devices in use.
5. Interview with the Director of Care confirmed that the physical devices in use were not applied according to the directions provided to staff. Education provided to staff indicated that manufacturer's specifications for the application of seatbelts as restraints is approximately the distance of a horizontal hand width between the resident's abdomen and a belt.

Additional Required Actions:

CO # - 901 was served on the licensee. CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

**CORRECTED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



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prévus le Loi de 2007 les
foyers de soins de longue

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 r. 110. (1)	CO #901	2012_191107_0003	107

Issued on this 8th day of November, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Y. Wawer...



**Ministry of Health and
Long-Term Care**

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

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MICHELLE WARRENER (107)
Inspection No. / No de l'inspection :	2012_191107_0003
Type of Inspection / Genre d'inspection:	Other
Date of Inspection / Date de l'inspection :	Nov. 8, 2012
Licensee / Titulaire de permis :	THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA 369 Frederick Street, KITCHENER, ON, N2H-2P1
LTC Home / Foyer de SLD :	R. H. LAWSON EVENTIDE HOME 5050 JEPSON STREET, NIAGARA FALLS, ON, L2E-1K5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	RANDY RANDELL

To THE GOVERNING COUNCIL OF THE SALVATION ARMY IN CANADA, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

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

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /
Ordre no : 901 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

Order / Ordre :

The licensee shall take immediate action to ensure that all physical devices used to restrain a resident, including residents #001, 002, 003, 004, and 005 are applied according to manufacturer's specifications.

Grounds / Motifs :

1. Staff did not apply physical devices, used for the restraining of residents, in accordance with manufacturer's specifications.

On November 7, 2012, the following was observed:

1. Resident #001, with known responsive behaviours, was observed at 11:25 hours with a front fastening seatbelt secured in a geri-chair. The belt was not snug fitting, allowing greater than a hand width distance between the resident's abdomen and the belt.
2. Residents #002 and #003, both with identified risks for falls, were observed at 11:50 hours with front fastening seatbelts secured in their wheelchairs. The belts were not snug fitting, allowing greater than a hand width distance between the resident's abdomen and their belts.
3. Resident #004 and #005, both with identified risks for falls, were observed at 11:50 hours with rear fastening seatbelts secured in their wheelchairs. The belts were not snug fitting, allowing greater than a hand width distance between the resident's abdomen and the belts.
4. Interview with the Registered Staff caring for resident #001, 002, 003, 004 and 005 confirmed that all residents were being restrained with the physical devices in use.
5. Interview with the Director of Care confirmed that the physical devices in use were not applied according to the directions provided to staff. Education provided to staff indicated that manufacturer's specifications for the application of seatbelts as restraints is approximately the distance of a horizontal hand width between the resident's abdomen and a belt. (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Immediate



**Ministry of Health and
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**Ministère de la Santé et
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Order(s) of the Inspector
Pursuant to section 153 and/or
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Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all nursing staff are re-educated on the safe use of physical devices used for the restraining of residents and the application of restraints according to manufacturer's specifications.
The plan shall be submitted to Inspector Michelle Warrener by November 14, 2012, at Michelle.Warrener@ontario.ca.

Grounds / Motifs :

1. Staff did not apply physical devices, used for the restraining of residents, in accordance with manufacturer's specifications.
On November 7, 2012, the following was observed:
 1. Resident #001, with known responsive behaviours, was observed at 11:25 hours with a front fastening seatbelt secured in a geri-chair. The belt was not snug fitting, allowing greater than a hand width distance between the resident's abdomen and the belt.
 2. Residents #002 and #003, both with identified risks for falls, were observed at 11:50 hours with front fastening seatbelts secured in their wheelchairs. The belts were not snug fitting, allowing greater than a hand width distance between the resident's abdomen and their belts.
 3. Resident #004 and #005, both with identified risks for falls, were observed at 11:50 hours with rear fastening seatbelts secured in their wheelchairs. The belts were not snug fitting, allowing greater than a hand width distance between the resident's abdomen and the belts.
 4. Interview with the Registered Staff caring for resident #001, 002, 003, 004 and 005 confirmed that all residents were being restrained with the physical devices in use.
 5. Interview with the Director of Care confirmed that the physical devices in use were not applied according to the directions provided to staff. Education provided to staff indicated that manufacturer's specifications for the application of seatbelts as restraints is approximately the distance of a horizontal hand width between the resident's abdomen and a belt. (107)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 14, 2012



**Ministry of Health and
Long-Term Care**

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

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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 services 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
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

**Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 8th day of November, 2012

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

MICHELLE WARRENER

Service Area Office /

Bureau régional de services : Hamilton Service Area Office