Ontario

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

Sudbury Service Area Office
159 Cedar Street, Suite 603
Sudbury ON P3E 6A5

Telephone: 705-564-3130
Facsimile: 705-564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
Sudbury ON P3E 6A5

Téléphone: 705-564-3130
Télécopieur: 705-564-3133

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Dates of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 4 – 5, 2011	2011_188_2763_04May102946	Critical Incident, S-00854

Licensee/Titulaire
Smooth Rock Falls Hospital, 107 Kelly Road, PO BOX 219, Smooth Rock Falls, ON, P0L 2B0
FAX: 705-338-4410

Long-Term Care Home/Foyer de soins de longue durée
Smooth Rock Falls Hospital, 107 Kelly Road, PO BOX 219, Smooth Rock Falls, ON, P0L 2B0
FAX: 705-338-4410

Name of Inspector(s)/Nom de l'inspecteur(s)
Melissa Chisholm (188)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: the Director of Care, registered staff and residents.

During the course of the inspection, the inspector: conducted a walk through of the home, reviewed the health care record of the resident named in the critical incident and observed meal services.

The following Inspection Protocols were used during this inspection:
Dining Observation
Critical Incident Response
Hospitalization and Death

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

1 WN

Ontario

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 durée*

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. 107(1)(2) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4): (2) An unexpected or sudden death, including a death resulting from an accident or suicide.

Findings:

1. Inspector reviewed critical incident as related to an unexpected death. The ministry was notified about this incident via the Critical Incident System outside of the immediate reporting time frame. The licensee failed to ensure the Director was immediately notified of an unexpected resident death.

Inspector ID #:	188

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). June 7, 2011