



**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) : MELISSA CHISHOLM (188)

Inspection No. /

No de l'inspection : 2013_099188_0002

Log No. /

Registre no: S-001286-12, S-001329-12

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Feb 26, 2013

Licensee /

Titulaire de permis : ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE
70 Spine Road, ELLIOT LAKE, ON, P5A-1X2

LTC Home /

Foyer de SLD : ST. JOSEPH'S MANOR
70 SPINE ROAD, ELLIOT LAKE, ON, P5A-1X2

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** SUSAN CLAYTON

To ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE, you are hereby required to
comply with the following order(s) by the date(s) set out below:



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Ordre(s) de l'inspecteur
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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) (a)

Pursuant to / Aux termes de :

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. O. Reg. 79/10, s. 36.

Order / Ordre :

The licensee shall ensure that staff use safe transferring techniques when assisting resident #852, and all other residents in the home. Specifically, the licensee shall ensure staff comply with the home's transferring policy ensuring two staff members are present for the entire transfer of a resident using a mechanical lift.

Grounds / Motifs :



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Pursuant to section 153 and/or
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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

1. Inspector observed on January 16, 2013 at 10:25h that resident #852 was sitting in a wheelchair with a sling applied and attached to the over head lift. Inspector noted no staff member was in or near the room. Inspector entered resident's room from the hallway and spoke with the resident who did not provide an appropriate response, only making a loud noise. Inspector exited the room and observed two staff members at the end of the hallway who began walking towards the room. Inspector proceeded to ask the staff members if it was normal practice to leave the resident attached to the ceiling lift, while in a sling in the room unattended. Staff #101 identified that it was normal and safe as the emergency stop had been engaged, thus the lift would not function if the buttons were pressed. No concern for the resident's safety was expressed. Staff #101 proceeded to identify that since two staff members are required for lifts that the resident had been set up in the lift then the resident was left unattended to locate a second staff member to assist with the transfer. Inspector asked if this was normal practice and if two staff members needed to be present during sling application and while attaching the resident to the lift as per the home's policy. Staff #101 identified that two staff members are required only while the resident is being physically lifted in the sling, not during the application of the sling. Staff #101 identified it is normal for a resident to be hooked up to a mechanical lift and for staff to leave to go get a second staff member to assist. Inspector reviewed the home's lifting policies. Inspector noted the policies identify two staff members should be present during the entire process (through sling application until sling removal) and that the policy does not support leaving a resident unattended while in a sling attached to a mechanical lift. Inspector spoke with the DOC who confirmed the above witnessed incident does not align with the home's safe lifting policy. The licensee failed to ensure staff use safe transferring devices or techniques when assisting residents. (188)

2. Inspector spoke with three additional personal support workers who identified that depending on the resident they may transfer the resident using a mechanical lift without a second person. Although not witnessed by inspector, this does not align with the home's safe lifting policy. The licensee failed to ensure staff use safe transferring devices or techniques when assisting residents. (188)



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Pursuant to section 153 and/or
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de soins de longue durée*, L.O. 2007, chap. 8

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

Mar 22, 2013



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

**Ministère de la Santé et
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
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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 : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee shall ensure the home is equipped with a resident-staff communication and response system that is on at all time. Specifically, the licensee shall ensure that the over-bed pull stations in rooms 1111 and 1106 are functional and activate when a call is initiated and processes are in place to ensure they remain functional.

Grounds / Motifs :



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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**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

1. Inspector tested the over bed pull stations in rooms 1111 and 1106 on January 17, 2013. Inspector noted that both pull stations failed to activate when tested by the inspector. Inspector returned to the rooms with staff #101. Staff #101 attempted to activate both call bells and again both pull stations failed to activate the home's communication and response system. Inspector spoke with the home's DOC who identified that although there are processes in place to monitor the call badges, currently the home does not routinely test the pull stations located in resident rooms. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times. (188)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 15, 2013



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Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
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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 Coordinator
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



**Ministry of Health and
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Order(s) of the Inspector
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section 154 of the *Long-Term Care
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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 Coordinator
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
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 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.



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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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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 26th day of February, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

MELISSA CHISHOLM

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



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Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
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**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**

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 26, 2013	2013_099188_0002	S-001286- 12, S- 001329-12	Complaint

Licensee/Titulaire de permis

**ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE
70 Spine Road, ELLIOT LAKE, ON, P5A-1X2**

Long-Term Care Home/Foyer de soins de longue durée

**ST. JOSEPH'S MANOR
70 SPINE ROAD, ELLIOT LAKE, ON, P5A-1X2**

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

MELISSA CHISHOLM (188)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 15-17, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Administrative Assistant, Registered Nursing Staff (RN/RPN), Personal Support Workers (PSW), residents and families.

During the course of the inspection, the inspector(s) conducted a walk through of the resident care areas, observed staff to resident interactions, reviewed health care records and reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Reporting and Complaints

Sufficient Staffing

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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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with 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. O. Reg. 79/10, s. 36.

Findings/Faits saillants :



1. Inspector observed on January 16, 2013 at 10:25h that resident #852 was sitting in a wheelchair with a sling applied and attached to the over head lift. Inspector noted no staff member was in or near the room. Inspector entered resident's room from the hallway and spoke with the resident who did not provide an appropriate response, only making a loud noise. Inspector exited the room and observed two staff members at the end of the hallway who began walking towards the room. Inspector proceeded to ask the staff members if it was normal practice to leave the resident attached to the ceiling lift, while in a sling in the room unattended. Staff #101 identified that it was normal and safe as the emergency stop had been engaged, thus the lift would not function if the buttons were pressed. No concern for the resident's safety was expressed. Staff #101 proceeded to identify that since two staff members are required for lifts that the resident had been set up in the lift then the resident was left unattended to locate a second staff member to assist with the transfer. Inspector asked if this was normal practice and if two staff members needed to be present during sling application and while attaching the resident to the lift as per the home's policy. Staff #101 identified that two staff members are required only while the resident is being physically lifted in the sling, not during the application of the sling. Staff #101 identified it is normal for a resident to be hooked up to a mechanical lift and for staff to leave to go get a second staff member to assist. Inspector reviewed the home's lifting policies. Inspector noted the policies identify two staff members should be present during the entire process (through sling application until sling removal) and that the policy does not support leaving a resident unattended while in a sling attached to a mechanical lift. Inspector spoke with the DOC who confirmed the above witnessed incident does not align with the home's safe lifting policy. The licensee failed to ensure staff use safe transferring devices or techniques when assisting residents. [s. 36.]

2. Inspector spoke with three additional personal support workers who identified that depending on the resident they may transfer the resident using a mechanical lift without a second person. Although not witnessed by inspector, this does not align with the home's safe lifting policy. The licensee failed to ensure staff use safe transferring devices or techniques when assisting residents. [s. 36.]

Additional Required Actions:

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



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17.

Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. Inspector tested the over bed pull stations in rooms 1111 and 1106 on January 17, 2013. Inspector noted that both pull stations failed to activate when tested by the inspector. Inspector returned to the rooms with staff #101. Staff #101 attempted to activate both call bells and again both pull stations failed to activate the home's communication and response system. Inspector spoke with the home's DOC who identified that although there are processes in place to monitor the call badges, currently the home does not routinely test the pull stations located in resident rooms. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times. [s. 17. (1) (b)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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Issued on this 26th day of February, 2013

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

A handwritten signature in cursive script, appearing to read "W. Brown", written in black ink on a white background within a rectangular box.