



**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  
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|   | <input type="checkbox"/> Licensee Copy/Copie du Titulaire | <input checked="" type="checkbox"/> Public Copy/Copie Public |
|---|---|--|
| Date of inspection/Date de l'inspection | Inspection No/ d'inspection                               | Type of Inspection/Genre d'inspection                        |
| September 14, 2010                      | 2010-137-9578-14Sep093029                                 | Critical Incident M578-000023-10<br>L-00981                  |

**Licensee/Titulaire**

Regional Municipality of Waterloo  
150 Frederick Street  
Kitchener, ON N2A 4J3

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

Sunnyside Home  
247 Franklin Street North  
Kitchener, ON N2A 1Y5

**Name of Inspector/Nom de l'inspecteur(s)**

Marian C. Mac Donald - # 137

**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: Administrator, Quality & Risk Coordinator, RN, PSW and physiotherapist.

During the course of the inspection, the inspector: reviewed resident records related to plan of care, lift/transfer status, progress notes, incident report, cognitive status, means of mobility and restraint use.

There were no Inspection Protocols used in part or in whole during this inspection:

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

[2] WN  
[2] VPC



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## NON- COMPLIANCE / (Non-respectés)

### Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités.

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

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.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:

For the resident identified in the CIS, the plan of care indicated resident was at risk of injury from falls and to have a lap belt applied for safety. The shower chair, used at the time of the fall, did not have a safety belt.

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#### 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, related to safe positioning devices, to be implemented voluntarily.

### WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, s.6(1)(c)

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.

#### Findings:

For the resident identified in the CIS, the plan of care indicates resident uses a sit to stand transfer aid. Resident is unable to weight bear and uses a ceiling lift. Plan of care does not identify that the resident also uses a tilt wheelchair with a lap belt for safety.

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#### 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, related to clear directions to staff, to be implemented voluntarily.



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|   |   |
|---|---|
| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné | Signature of Health System Accountability and Performance Division<br>representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. |
| Title: _____ Date: _____  | Signature: <i>Marian C. McDonald</i><br>Date of Report: September 15, 2010  |