



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

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection October 21, 22, 2010	Inspection No/ d'inspection 2010_146_8571_21Oct135951	Type of Inspection/Genre d'inspection Critical Incident H -01611
Licensee/Titulaire Mennonite Brethren Senior Citizen's Home, 1 Tabor Drive, St Catharines, ON., L2N1V9		
Long-Term Care Home/Foyer de soins de longue durée Mennonite Brethren Senior Citizen's Home, 1 Tabor Drive, St Catharines, ON., L2N1V9		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146, Debora Saville #192		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a critical incident inspection.		
During the course of the inspection, the inspectors spoke with: the resident, the Director of Administration, the Director of Care (DOC) and two registered staff.		
During the course of the inspection, the inspectors: reviewed the health file of the resident, reviewed the home's abuse policy and an accounting of the DOC's investigation and the outcome of the investigation.		
The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
2 WN		



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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/Référance au Directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'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 constitue 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: LTCHA, 2007, S.O. 2007, c.8, s.19 (1)

19(1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Findings:

1. An identified resident reported that an incident of physical abuse had occurred during a treatment for her skin. The Director of Care confirmed that the incident had occurred.

Inspector ID #: 146

WN #2: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s24(1)2

24(1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Findings:

1. The incident of staff to resident abuse occurred in 2010 and was reported to the Director of Care on the day it occurred. The Director of Care notified the Hamilton Service Area Office in a voice mail five days later.



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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:

[Signature] - Aug 30, 2011
Revised August 30, 2011 for the purpose of publication

Date of Report: (if different from date(s) of inspection).