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

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, 11iém étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 2-3, 2010	2010_171_8571_02Dec103555 2010_120_8571_02Dec160613	Complaint – H-02639

Licensee/Titulaire

Mennonite Brethren Senior Citizens Home, 1 Tabor Drive, St. Catherines, ON L2N 1V9

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

Tabor Manor/ Mennonite Brethren Senior Citizens Home,1 Tabor Drive, St. Catherines, ON L2N 1V9

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

Elisa Wilson, LTC Homes Inspector, Dietary #171
Bernadette Susnik, LTC Homes Inspector, Environmental Health # 120

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding resident care, nutrition needs, availability of supplies and maintaining a safe home.

During the course of the inspection, the inspectors spoke with: the director, the director of care, administrative staff, registered staff, foodservice staff, personal care workers, the recreation services manager, the RAI coordinator, housekeeping staff and residents. Two inspectors were present on December 2, 2010 and one on December 3, 2010.

The inspector observed lunch and supper service and afternoon recreation activities on December 2, 2010. Three resident's plans of care were reviewed. Resident bathrooms and supply closets were checked for availability of supplies and the front door magnetic locking system and the wander guard system was tested. Weight history binders were reviewed. Recreation activity calendars were reviewed for the past 2 months as well as attendance at these activities by selected residents.

The following Inspection Protocols were used during this inspection:

- Nutrition and Hydration
- Continence Care
- Recreation and Social Activities
- Safe and Secure Home

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

1 WN

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 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:

1. The plan of care does not provide clear direction for an identified resident. The sections "ADL Assistance" and "CCL Assistance" indicates an identified resident needs minimal assistance related to continence, however the section "Urinary Incontinence" indicates the resident requires full staff assistance.

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.** Elsa Wilson
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Jan 31, 2011