



**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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

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55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

**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
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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
March 3, 2011	2011 109 9534 03Mar102441	Critical Incident
Licensee/Titulaire		
The regional Municipality of York 17250 Yonge Street Newmarket, ON L3Y 6Z1		
Long-Term Care Home/Foyer de soins de longue durée		
York Region Newmarket Health Centre 194 Eagle Street Newmarket, ON		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Susan Squires		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Critical Incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Staff, and Physiotherapist.</p> <p>During the course of the inspection, the inspector: Reviewed the health record of an identified resident, observed restraint application for residents.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Minimizing Restraints.</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 - WN 1 - CO: CO # 1</p>		

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN - Written Notifications/Avis écrit
VPC - Voluntary Plan of Correction/Plan de redressement volontaire
DR - Director Referral/Réglisseur 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 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 O. Reg. 79/10 s. 110 (1) 1. Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act: Staff apply the physical device in accordance with any manufacturer's instructions.

Findings:

- Two residents were observed to be wearing a seatbelt restraint which was applied too loosely with a large gap between the restraint and each resident's body. This posed a risk of the resident's sliding down in the wheelchair with potential risk for strangulation.
- Manufacturer specifications for proper restraint application were not available on care units for staff.

Inspector ID #: 109

Additional Required Actions:


CO # - # 1 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

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:

May 11, 2011 - 
Date of Report: (if different from date(s) of inspection).



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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Susan Squires	Inspector ID # 109
Log #:	544	
Inspection Report #:	2011_109_9534_03Mar102441	
Type of Inspection:	Critical Incident	
Date of Inspection:	March 3, 2011	
Licensee:	The regional Municipality of York 17250 Yonge Street Newmarket, ON L3Y 6Z1	
LTC Home:	York Region Newmarket Health Centre 194 Eagle Street Newmarket, ON	
Name of Administrator:	Lisa Salomen-MacKay	

To The regional Municipality of York, you are hereby required to comply with the following order by the date set out below:

Order #:	1	Order Type:	[e.g. Compliance Order, Section 153 (1)(a)]
<p>Pursuant to: O. Reg. 79/10 s. 110 (1) 1. Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act: Staff apply the physical device in accordance with any manufacturer's instructions.</p>			
<p>Order:</p> <p>The licensee shall check all residents in the home who are using seat belt restraints to ensure that all restraints are applied according to manufacturer's instructions. The staff of the home shall have ready access to manufacturer's instructions on the proper application of restraints in use by the licensee.</p>			



Grounds:

- Two residents were observed to be wearing a seatbelt restraint which was applied too loosely with a large gap between the restraint and each resident's body. This posed a risk of the resident's sliding down in the wheelchair with potential risk for strangulation.
- Manufacturer specifications for proper restraint application were not available on care units for staff.

This order must be complied with by: Immediately

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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

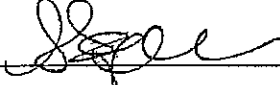
Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



Ontario

Ministry of Health and Long-Term Care
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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

Issued on this 24 day of March, 2011.	
Signature of Inspector:	
Name of Inspector:	Susan Squires
Service Area Office:	TORONTO.