

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
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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
Bureau régional de services de Ottawa



347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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October 28, 2013

Mr. Paul O'Kafka
Administrator
St. Joseph's At Fleming
659 Brealey Drive
Peterborough, Ontario
K9K 2R8

Dear Mr. O'Kafka:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted on September 10, 11, 12 and 13, 2013 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the **Inspection Report-Public Copy** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

Lynne Douchesne Jr
Chantal Lafreniere
LTC Home Inspector – Nursing

- c. President, Resident's Council
President, Family Council



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**Rapport d'inspection sous la
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 19, 2013	2013_031194_0035	000326-13	Critical Incident System

Licensee/Titulaire de permis

**MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8**

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

**ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8**

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 10, 11, 12 & 13, 2013

During the course of the inspection, the inspector(s) spoke with Unit Manager (UM)and Registered Practical Nurse (RPN)

During the course of the inspection, the inspector(s) reviewed the clinical health record for the resident, Medication Administration records and Falls assessments

**The following Inspection Protocols were used during this inspection:
Falls Prevention**

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA, 2007, s. 6(7) when the care set out in the plan of care related to side rails for resident #1 was not provided for as specified in the plan.

The plan of care for resident #1 directs staff to ensure a fall out pad is on the floor, on the door side of the bed with rail up by the window.

On an identified date resident #1 fell out of bed. No side rails were in place at the time of the fall, as directed by the plan of care. [s. 6. (7)]



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Issued on this 19th day of September, 2013

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

Chantal Lafreniere (84)