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 Quest, 11ième étage
Hamilton, ON L8P 4Y7

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

Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy	**Rapport d'inspection prevue de le Loi de 2007 les foyers de soins de longue durée** ☐ Copie du Titulaire ☒ Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 5, 2010	**Inspection No/ d'inspection** 2010_146_2975_Aug1 23212 H - 00011	**Type of Inspection/Genre d'insptection** Critical Incident C566-000017-10
Licensee/Titulaire St Joseph Health System, 56 Governor's Road, Dundas, L9H 5G7		
Long-Term Care Home/Foyer de soins de longue durée St Joseph's Villa, 56 Governor's Road, Dundas, L9H 5G7		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, LTC Homes Inspector – Nursing #146		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection related to a resident who fell and passed away in hospital.

The inspection was conducted by the above named inspector.

The inspection occurred on August 5, 2010.

During the course of the inspection, the inspector(s) spoke with:
Nurse manager in charge of Home, Acting Director of Care, administrative assistant.

The following Inspection Protocols were used in part or in whole during this inspection:
Falls prevention
During the course of this inspection a review of the resident's health record was conducted.

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

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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Acitvity Order/Ordres: travaux et activitiés

WN#1: The Licensee has failed to comply with: The Nursing Homes Act, RSO 1990 chap.N.7, s. 20.10 (a) (c) (d)

A licensee of a nursing home shall ensure that;
(a) the requirements of each resident of the nursing home are **assessed** on an ongoing basis;
(c) the plan of care is revised as necessary **when the resident's requirements change**;
(d) an **opportunity to participate fully** in the development and revision of the resident's plan of care is provided to,
(i) the resident
(ii) if the resident is mentally incapable, his or her **substitute decision maker**

Findings:

1. The substitute decision maker (SDM) had suggested collecting a specimen to check for infection because the resident was more confused. The record also shows that the resident was symptomatic. The SDM also requested that a doctor see the resident. According to the progress notes, neither occurred until after the resident had fallen on more than one occasion. The resident was diagnosed in hospital with an infection. The SDM was not given the opportunity to participate fully in the plan of care.

2. The health record indicates that resident was restless, wandering, confused and complaining of abdominal discomfort and experiencing urinary incontinence. There was no further assessment by nursing staff in relation to the reported symptoms.

Inspector ID#: 146

Signature of Licensee of Designated Representative 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.

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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

Barbara Naydaluk-Hearst
Dec 6/16

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