



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prevue 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

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**Ministère de la Santé et des Soins de
longue durée**

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection August 5, 2010	Inspection No/ d'inspection 2010_146_2975_4Aug123134	Type of Inspection/Genre d'inspection Critical incident CIS C566-000021-10 H - 00199
Licensee/Titulaire St Joseph's 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		
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector(s) spoke with: Acting DOC, nurse manager, administrative assistant</p> <p>During the course of the inspection, the inspector(s): conducted a review of the health record of the resident.</p> <p>The following Inspection Protocols were used during this inspection: Falls IP</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 VPC</p>		

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'exigences 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. 70/10, s. 24. (9)(a)

The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,
(a) the resident's care needs change

Findings:

1. Progress notes reveal the following:

- The resident was found at bedside - had unwitnessed fall. Immediate post-fall assessment stated able to move all extremities and resident confused. A follow-up assessment on the next shift states resident moves all extremities.

- 2 days later - resident showing signs of pain, moaning during care and transfer - no further assessment of pain noted in notes until 11 days post-fall when staff noted swelling of the leg and pain on movement - referred to Registered Nurse

- 12th day - Registered Nurse assessed, physician called and x-ray ordered

- 14th day -x-ray result shows injury

2. Progress notes for the identified resident demonstrate lack of re-assessment of resident's changed care needs even though signs of pain were noted.

Inspector ID #: 146

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with ensuring re-assessments occur when a resident's care needs change to be implemented voluntarily.



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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. <i>Barbara Dayhuff-Hewitt</i> <i>Dec 6 / 10</i>
Title:	Date:	Date of Report (if different from date(s) of inspection).