



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

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**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, 11<sup>ém</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 5, 2013	2013_201167_0033	H-000067- 13	Critical Incident System

**Licensee/Titulaire de permis**

**ST. JOSEPH'S HEALTH SYSTEM  
99 Wayne Gretzky Parkway, BRANTFORD, ON, N3S-6T6**

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

**ST JOSEPH'S LIFECARE CENTRE  
99 WAYNE GRETZKY PARKWAY, BRANTFORD, ON, N3S-6T6**

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

**MARILYN TONE (167)**

**Inspection Summary/Résumé de l'inspection**



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

This inspection was conducted on the following date(s): October 30 & 31, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Resident Assessment Instrument Coordinator, personal support worker staff and registered nursing staff, the Restorative Care Coach, the identified resident's physician and the identified resident.

During the course of the inspection, the inspector(s) conducted a review of the health file for the identified resident, reviewed investigation notes completed by the home and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection: Personal Support Services

There are no findings of Non-Compliance as a result of 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



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

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.

Issued on this 5th day of November, 2013

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

*Marilyn Lowe*