



**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

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<b>Inspection Report under the LTC Homes Act, 2007</b> <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		<b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b> <input type="checkbox"/> Copie du Titulaire <input checked="" type="checkbox"/> Copie de la Publique	
<b>Date(s) of inspection/Date de l'inspection</b> August 17, 2010		<b>Inspection No/ d'inspection</b> 2010-168-2861-16Aug171258	<b>Type of Inspection/Genre d'inspection</b> Other – Critical Incident
<b>Licensee/Titulaire</b> Waterdown Long-Term Care Centre Inc. 689 Yonge Street Midland ON L4R 2E1			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Alexander Place 329 Parkside Drive P.O. Box 50 Waterdown ON L0R 2H0			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Lisa Vink			

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.

### Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an Other – Critical Incident Inspection

The inspection was conducted by Lisa Vink #168.

The inspection occurred on August 17, 2010.

During the course of the inspection, the inspector spoke with:  
The Administrator, Nursing Manager/Staff Educator and front line nursing staff

The following Inspection Protocols were used during this inspection:

Fall Prevention  
Pain

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

### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

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

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Le suivant constituer un avis d'écrit de l'exigences prévue le paragraph 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: LTCHA, 2007, S.O. 2007, c.8, s6(1)(c)

**The licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.**

Findings:

1. The identified resident's plan of care did not give clear direction to staff providing care post fall and injury. The document staff refer to as the Care Plan was revised post fall to include a Focus Statement and Interventions for the injury, including 2 person assistance for transferring and 1 staff to assist with eating, however other Focus Statements regarding eating, toileting, transferring, dressing, and mobility were not revised to reflect changing care needs.

Inspector ID#: 168

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.

Title:

Date:

*Heine* Sept 3/2010 (revised July 20/2011)

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