

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007 Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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

Ottawa Service Area Office 347 Preston St, 4th Floor OTTAWA, ON, K1S-3J4 Telephone: (613) 569-5602 Facsimile: (613) 569-9670 Bureau régional de services d'Ottawa 347, rue Preston, 4iém étage OTTAWA, ON, K1S-3J4 Téléphone: (613) 569-5602 Télécopieur: (613) 569-9670

## Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 17, 18, 19, 22, 24, 2012	2012_179103_0007	Critical Incident
Licensee/Titulaire de permis		
BELCREST NURSING HOMES LIMITED  250 Bridge Street West, BELLEVILLE, ON, K8P-5N3  Long-Term Care Home/Foyer de soins de longue durée		
BELCREST NURSING HOMES LIMITED 250 Bridge Street West, BELLEVILLE, ON, K8P-5N3		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
DARLENE MURPHY (103)		
Inspection Summary/Résumé de l'inspection		

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

During the course of the inspection, the inspector(s) spoke with a Registered Practical Nurse, the Director of Care and the Administrator.

During the course of the inspection, the inspector(s) reviewed a resident health care record. The log # for this inspection is O-002239-12.

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 Legendé WN - Written Notification VPC - Voluntary Plan of Correction VPC - Plan de redressement volontaire DR - Director Referral CO - Compliance Order WAO - Work and Activity Order NON-RESPECT DES EXIGENCES WN - Avis écrit VPC - Plan de redressement volontaire DR - Aiguillage au directeur CO - Ordre de conformité WAO - Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care 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 fovers de Homes Act, 2007 (LTCHA) was found. (A requirement under the soins de longue durée (LFSLD) a été constaté. (Une exigence de la LTCHA includes the requirements contained in the items listed in 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 subsections:

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) whereby the care set out in the plan of care was not provided to the resident as specified in the plan.

Resident #1 is a cognitively impaired resident. The progress notes for this resident were reviewed and there was documented evidence of previous falls related to unsafe self transfers. Resident #1 had been assessed as a high risk for falls and interventions were outlined in the plan of care to reduce the risk of injury related to falls. One of the interventions included, "do not leave resident unattended on the toilet".

Resident #1 was assisted to the bathroom by a Personal support worker (PSW). The PSW left the resident unattended and during the staff member's absence, Resident #1 attempted to get off of the toilet, fell and sustained a fracture as a result.

## 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 to ensure the fall strategies set out in Resident #1's plan of care are provided to the resident as specified, to be implemented voluntarily.

Issued on this 24th day of October, 2012

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