



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 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
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 7, 12, 14, 2011; 2011\_044161\_0018; Critical Incident

Licensee/Titulaire de permis

THE GLEBE CENTRE INCORPORATED
950 BANK STREET, OTTAWA, ON, K1S-5G6

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

GLEBE CENTRE
950 BANK STREET, OTTAWA, ON, K1S-5G6

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

KATHLEEN SMID (161)

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 the Executive Director, Director of Care, Director of Resident Services, one Registered Nurse and five Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed the health care record of an identified resident and the home's record of staff education from January 1, 2011 to September 9, 2011.

The following Inspection Protocols were used in part or in whole during this inspection:

Falls Prevention

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Table with 2 columns: Definitions (English) and Définitions (French). Rows include WN, VPC, DR, CO, WAO.

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.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**

**Specifically failed to comply with the following subsections:**

**s. 53. (3) The licensee shall ensure that,**

- (a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;**
- (b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and**
- (c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).**

**Findings/Faits sayants :**

September 9, 2011 discussion with the home's Director of Care and the Director of Resident Services who indicated that the home does not have written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other; that have been developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; to meet the needs of residents with responsive behaviours.

**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 prepare a written plan of correction for achieving compliance to ensure that written approaches to care have been developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; to meet the needs of residents with responsive behaviours., to be implemented voluntarily.***

Issued on this 16th day of September, 2011

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

