



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
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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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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: May 7, 2013, 2013_168202_0023, T-2061-12, Complaint

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

COLEMAN CARE CENTRE
140 CUNDLES ROAD WEST, BARRIE, ON, L4N-9X8

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

VALERIE JOHNSTON (202)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 26, 29, 30, 2013

During the course of the inspection, the inspector(s) spoke with General Manager, Director of Care, Kinesiologist, Registered Nursing Staff, Personal Support Workers,

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed clinical records, reviewed the home's policies related to Fall's Prevention and Management

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	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p>	<p>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.</p>
<p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



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Findings/Faits saillants :

1. The licensee failed to ensure that the written plan of care for resident #001 sets out clear directions to staff and others who provide direct care to the resident. [s.6.(1)(c)]

Resident #001's plan of care identifies this resident as high risk for falls. A review of the progress notes for resident #001 for an identified period of time revealed 13 documented falls. Staff interviews revealed that they were unsure of the type of fall prevention strategy that resident #001 had in place during this time period. Staff indicated that they recall resident #001 had been provided a bed alarm, floor mats and a hi/low bed at some point, however they were unclear as to what device was used and when it was used. The written plan of care for resident #001 was reviewed for the identified time period, with no indication that fall prevention devices were in place or had been used. On an identified date in 2012, the written plan of care had been updated to reflect that resident #001 required the use of 2 floor mats on either side of the bed, a bed alarm, and hi/low bed at lowest position while in bed. Resident #001 passed away the day after his/her written plan of care was updated to reflect the fall prevention devices in place. [s. 6. (1) (c)]

Issued on this 13th day of May, 2013

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

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.