



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

rapport d'inspection  
prevue le *Loi de 2007*  
*les foyers de soins de*  
*longue durée*

**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  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'insptection
July 15, 2010	2010_103_2693_14Jul 221319	Other (Critical Incident) CIS# 2693-000048-10 Log # O-000190
Licensee/Titulaire		
Community Lifecare Inc., 1955 Valley Farm Road., 3 <sup>rd</sup> floor, Pickering, ON L1V 1X6 Fax#- 905-831-1802		
Long-Term Care Home/Foyer de soins de longue durée		
Community Nursing Home (Pickering), 1955 Valley Farm Road, Pickering, ON L1V 1X6		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Darlene Murphy (ID#103)		

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an Other (Critical Incident) inspection related to resident injury as a result of an unsafe transfer.

During the course of the inspection, the inspector spoke with: Registered Practical Nurses, Personal Support Workers and the Director of Care

During the course of the inspection, the inspector did a walkthrough of the unit to observe the environment and resident care, and reviewed one resident record.

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

- Safe and Secure Home Inspection Protocol
- Falls Prevention Inspection Protocol
- Personal Support Services Inspection Protocol

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

1 WN



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### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référage envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités

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 prevue 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 prevue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with Long Term Care Homes Program Manual Standards and Criteria.

**B3.61:** When transferring or positioning a resident, staff shall use safe transferring and positioning techniques and equipment.

#### Findings:

1. A resident was transferred on June 23, 2010 with one personal support worker using a mechanical lift. This transfer technique is not supported by the resident plan of care or the home's policy.

It is noted the home has already taken action on this matter by providing staff with re-education on safe lifts and transfers.

Inspector ID #: 103

Signature of Licensee or Representative of Licensee  
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:

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