



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 15, 2015	2015_262523_0038	032443-15	Resident Quality Inspection

Licensee/Titulaire de permis

DERBECKER'S HERITAGE HOUSE LIMITED
54 Eby Street St Jacobs ON N0B 2N0

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

DERBECKER'S HERITAGE HOUSE
54 Eby Street St. Jacobs ON N0B 2N0

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

ALI NASSER (523), DONNA TIERNEY (569)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 7, 8, 9, 10 and 11, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Director of Resident and Family Services, Environmental Services Manager (ESM), Falls Prevention Lead, Physiotherapist, Physiotherapy Assistant, five Personal Support Workers (PSW), three Registered Staff members, three family members, Resident Council President and 40 residents.

The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them; observed meal service, medication pass, medication storage area, reviewed clinical records and plan of care for identified residents; reviewed relevant policies and procedures of the home and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Family Council

Infection Prevention and Control

Medication

Pain

Residents' Council

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

A clinical record review, observations and staff interviews revealed that the staff were not complying with the home's policy and procedure of discarding a specific narcotic drug.

This was confirmed by Director of Care, who also confirmed that it was the home's expectation that the staff would comply with the home's own policy.

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 that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with, to be implemented voluntarily.



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Issued on this 15th day of December, 2015

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

Original report signed by the inspector.