



**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
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**

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Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|------------------------------------------------|-----------------------------------------------|---------------------------------|----------------------------------------------------|
| Oct 3, 2014 | 2014_376594_0012 | S-000248- 13,S-000490 -13 | Critical Incident System |

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE TIMMINS
15 Hollinger Lane, Box 817, Schumacher, ON, P0N-1G0

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

MONIKA GRAY (594)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 18-21, 2014

This inspection was conducted concurrently with another inspection.

During the course of the inspection, the inspector(s) spoke with Residents, Health Care Aides (HCAs), Personal Support Worker (PSW), Registered Practical Nurses (RPNs), Registered Nurse (RN), Housekeeping staff, Clinical Coordinator, Resident Assessment Instrument (RAI) Coordinator, Support Services Manager, Behavioural Supports Ontario (BSO) Clinician, Director of Care (DOC) and the Administrator.

During the course of the inspection, the inspector(s) conducted daily walk through of the resident care areas, observed staff to resident interactions, reviewed resident health care records and reviewed some policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.



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. |



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WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee has failed to ensure that staff use safe transferring techniques when assisting residents in that resident #001 fell out of their chair hitting their forehead on the floor, while a staff member was preparing for a mechanical lift transfer. The care plan dated May 14, 2013 identifies mechanical lift with two staff intervention, related to difficulties with transfers. On August 20, 2014 the Director of Care validated while two staff were present, the staff member failed to use safe transferring techniques when assisting resident #001 related to difficulties with transfers. [s. 36.]

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 staff use safe transferring techniques when assisting resident #001, to be implemented voluntarily.

Issued on this 23rd day of October, 2014

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