



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

**Rapport d'inspection
prévus 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

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**Ministère de la Santé et des Soins de
longue durée**

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection November 12, 2010	Inspection No/ d'inspection 2010_124_2728_12Nov09150 0	Type of Inspection/Genre d'inspection Complaint-O-001652
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Licensee/Titulaire
Gibson Holdings (Ontario) Ltd., 343 Amherst Drive, Amherstview ON K7N 1X3 Fax: 613-384-9407

Long-Term Care Home/Foyer de soins de longue durée
Helen Henderson Nursing Home, 343 Amherst Drive, Amherstview, ON K7N 1X3 Fax: 613-384-9407

Name of Inspector(s)/Nom de l'inspecteur(s)
Lynda Hamilton (124)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding the care delivered to an identified resident who sustained a fall.

During the course of the inspection, the inspector spoke with the administrator, the Director of Care, a registered practical nurse, three personal support workers and the Activity Director.

During the course of the inspection, the inspector did a walking tour of Joyce Faye Terrace, including the enclosed, secure courtyard and reviewed the resident's health record.

The following Inspection Protocols were used during this inspection:
Fall Prevention Inspection Protocol
Responsive Behaviours Inspection Protocol

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

2 WN



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
 VPC – Voluntary Plan of Correction/Plan de redressement volontaire
 DR – Director Referral/Régisseur 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'exigence prévue 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 prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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,
 (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. The resident's plan of care:
 - directed staff to monitor the resident every 30 minutes and to monitor his/her whereabouts every 15 minutes. This is not clear direction to staff.
 - identified the application of a restraint, but did not provide clear direction to the staff regarding the application or release of the restraint.
 - did not provide clear direction to staff as to what interventions to implement when the resident presented with responsive behaviours.
 - did not identify interventions to address the risk of heat related illness.

Inspector ID #: 124

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s. 53 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
 (b) strategies are developed and implemented to respond to these behaviours, where possible;

Findings:

1. The resident's progress notes indicate that the resident had responsive behaviours. There were no written strategies to respond to the resident's responsive behaviours.

Inspector ID #: 124



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le *Loi de 2007 les
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[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. <i>[Handwritten signature]</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>[Handwritten signature]</i> <i>January 31 2011</i>