



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

**Rapport d'inspection  
prévue 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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conformité

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<b>Date(s) of inspection/Date de l'inspection</b> June 8, 2011	<b>Inspection No/ d'inspection</b> 2011_155_9570_08Jun091320	<b>Type of Inspection/Genre d'inspection</b> L-000716 Critical Incident
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**Licensee/Titulaire**  
Corporation of the County of Grey, 959 9<sup>th</sup> Avenue East, Owen Sound, ON N4K 3E3

**Long-Term Care Home/Foyer de soins de longue durée**  
Rockwood Terrace, 575 Saddler St., East, Box 660, Durham, ON N0G 1R0

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sharon Perry #155

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Nurse, Registered Practical Nurse (RPN), Personal Support Workers (PSW), and Residents.

During the course of the inspection, the inspector: observed 2 East tub/shower room and equipment in room; reviewed the home's policy VII-G-40.40 Lift Procedures that included Bathing Transfer Devices; and reviewed clinical records of an identified resident.

The following Inspection Protocols were used during this inspection:  
Personal Support Services

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

4 WN  
3 VPC

**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)(c)**  
**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. 2007, c. 8, s. 6 (1).**

**Findings:**

- Care plan, RPN, and PSWs all indicate that the identified resident is transferred using a mechanical lift with 2 staff for all transfers.
- Lift logos posted on the identified resident's bed show that they can use a transfer belt, a side by side transfer, and a mechanical lift transfer.

**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 the written plan of care for each resident sets out clear directions to staff and others who provide direct care, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007, c.8, s.6(7)**  
**The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings:**

- Care plan and Resident Bathing Portfolio for an identified resident both indicated that they were to have showers. The identified resident was given a bath.

**WN #3: 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.**



Findings:

- 1. An identified resident was transferred out of the tub via tub lift with one staff present.
- 2. Resident complained of pain and had an injury.
- 3. There are two safety belts on the tub chair--staff know how to apply the lap belt however the belt to the upper left of the chair the staff and managers did not know how to apply.

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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(a)(b)

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 all applicable requirements under the Act; and
- (b) is complied with.

Findings:

- 1. The home's policy for Bathing Transfer Devices states that a second person must be in attendance during the transfer in and out of the tub.
- 2. An identified resident was transferred out of the tub via tub lift with one staff present. Resident complained of pain and had an injury.
- 3. Staff and managers interviewed during inspection indicated that they were not aware of the home's policy to have 2 staff to transfer resident in and out of the tub.

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 the policy or procedure is complied with, to be implemented voluntarily.

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).

June 22, 2011