



**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

Sudbury Service Area Office
159 Cedar Street, Suite 603
Sudbury ON P3E 6A5

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
Sudbury ON P3E 6A5

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 705-564-3130
Facsimile: 705-564-3133

Téléphone: 705-564-3130
Télécopieur: 705-564-3133

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection May 2 nd , 2011	Inspection No/ d'inspection 2011_188_2766_02May113207	Type of Inspection/Genre d'inspection Critical Incident, S-00816
Licensee/Titulaire Bingham Memorial Hospital ,507 8th Avenue, PO Box 70, Matheson, ON, P0K 1N0, FAX: 705-273-2515		
Long-Term Care Home/Foyer de soins de longue durée Rosedale Centre, 507-8th Avenue, P.O. Box 70, Matheson, ON, FAX:705-273-2515		
Name of inspector/Nom de l'inspecteur Melissa Chisholm (188)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Director of Care (DOC), registered nursing staff, personal support workers (PSW), activity staff, and residents.</p> <p>During the course of the inspection, the inspector: conducted a walk through of the home, observed the resident named in the critical incident and reviewed the health care record of the resident named in the critical incident.</p> <p>The following Inspection Protocols were used during this inspection: Pain</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN</p>		



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 O.Reg. 79/10, s. 52(1)1 The pain management program must, at a minimum, provide for the following: (1) Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

Findings:

1. Inspector reviewed the health care record for a resident. This resident is cognitively impaired and unable to verbally communicate pain. The inspector was unable to locate a pain assessment for this resident. Inspector spoke with the DOC who identified that no pain assessment tool is currently used in the home. No methods were noted for resident's who are unable to communicate their pain. The licensee has failed to ensure that communication and assessment methods for resident's that are unable to communicate their pain are utilized as part of the pain management program.

Inspector ID #: 188

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 7, 2011