Ontario

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

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 9, 16, 2010	2010_116_2894_13Sep113214	Critical Incident

Licensee/Titulaire

Revera Long Term Care Inc

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

Sherwood Court Long Term Care Centre
300 Ravineview Drive, Maple, Ontario L6A 3P8

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

Saran Daniel-Dodd

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(s) spoke with: The Administrator, Director of Care (DOC), Registered Nursing staff and Personal Support Workers (PSW) staff.

During the course of the inspection, the inspector: conducted a walk through of the Maple lanes unit, observed staff practices and interactions with residents/visitors. Reviewed health record of resident and falls prevention policy of the home.

The following Inspection Protocols were used in part or in whole during this inspection:

- Critical Incident
- Falls Prevention

☐ There are no findings of Non-Compliance as a result of this inspection.

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

1 WN
1 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 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:
Staff did not use safe transferring device.

- **Plan of care did not specify level of support required during transfer.**
- **One type of mechanical lift was not readily available.**
- **An incorrect lift was used by a PSW (personal support worker).**
- **One resident sustained an injury following use of an inappropriate lift.**

Inspector ID #:	116

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. This plan is to be implemented voluntarily.

The home has reported the following corrective action which has been taken:

- Request has been put forward to the LHIN (Local Health Integrated Network) for funding to purchase additional mechanical lifts.
- Re-education surrounding body mechanics and mechanical lifts were provided to all staff members involved.

Signature du Titulaire du représentant désigné	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). October 13, 2010