



**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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**Ministère de la Santé et des Soins de  
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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
September 21, 2010	2010_157_8579_21Sep115452	Log #O-000863
<b>Licensee/Titulaire</b> The Wexford Residence Inc., 1860 Lawrence Avenue East, Scarborough, ON M1R 5B1 Fax: 416-752-8414		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> The Wexford, 1860 Lawrence Avenue East, Scarborough, ON M1R 5B1 Fax: 416-752-8414		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>  Pat Powers, #157		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a critical incident inspection related to a resident fall.</p> <p>During the course of the inspection, the inspector spoke with the Director of Care, one Registered Nurse (RN), one Registered Practical Nurse (RPN), and several Personal Support Workers (PSW).</p> <p>During the course of the inspection, the inspector observed the location of the incident, the mechanical used at the time of the incident, the resident's clinical health records, The Wexford policy and procedure for resident safety, #F20 of the Resident Care and Services Policy and Procedure Manual, "Mobility and Minimal Lift Program".</p> <p>The following Inspection Protocol was used during this inspection: Fall Prevention Inspection Protocol</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken:  2 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 LTCHA, 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.

**Findings:**

1. The Plan of Care directs that the resident is at risk for falls and therefore requires extensive assistance of two persons for constant supervision/physical assistance when a mechanical lift is used.
2. On August 8, 2010, the care set out in the plan of care was not followed.

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**WN #2:** The Licensee has failed to comply with O.Reg. 79/10, Section 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. The resident required constant supervision and the assistance of two persons for transferring from one position to another with mechanical lift.
2. The Wexford policy and procedures for resident safety, state that it is mandatory that two staff are present when using the Sit/Stand Lift.
3. On August 8, 2010 safe transferring techniques were not used as required by the resident's plan of care and by the home's policy.

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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.

Title: Date:

Date of Report: (if different from date(s) of inspection).

November 17, 2010