



**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
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection November 10 and 15, 2010	Inspection No/ d'inspection 2010_147_2956_10Nov141420	Type of Inspection/Genre d'inspection Critical Incident – H-01257 and H-02652
Licensee/Titulaire Specialty Care Mississauga Inc. 400 Applewood Crescent Suite 110 Vaughan, ON L4K 0C3		
Long-Term Care Home/Foyer de soins de longue durée Specialty Care Mississauga Road 4350 Mississauga Road Mississauga, ON L5M 7C8		
Name of Inspector Laleh Newell - #147		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a Critical Incident inspection related to an injury from a fall that resulted in resident being transferred to hospital.

During the course of the inspection, the inspector spoke with:

Director of Care, Assistant Administrator, Assistance Director of Care, resident and staff on the unit.

During the course of the inspection, the inspector:

Reviewed resident's clinical records, reviewed policy and procedures related to Falls Prevention and Management, reviewed internal incident report and home's investigation report related to the incident, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

Fall Prevention

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

[1] 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(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. An identified resident's plan of care last updated in October 2010 provided specific direction to ensure that the resident was checked hourly to ensure safety as resident requires two bedrails while in bed for bed mobility and positioning. According to the home's documentation the resident was put to bed by staff, however an hour and a half later the resident was found on the floor in the bedroom with the left bedrail down and subsequently sustained an injury. The resident was assessed and sent to hospital for further assessment.

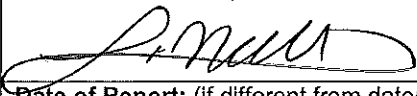
Inspector ID #: 147



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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.  April 5/11
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).