



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

**Rapport d'inspection
prévues 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
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection January 10, 2011	Inspection No/ d'inspection 2011_187_9627_10Jan122904	Type of Inspection/Genre d'inspection Critical Incident L-01878
Licensee/Titulaire The Corporation of the County of Middlesex, c/o Strathmere Lodge, 599 Albert St. Strathroy, ON N7G 3J3		
Long-Term Care Home/Foyer de soins de longue durée Strathmere Lodge, 599 Albert St. Strathroy, ON N7G 3J3		
Name of Inspector(s)/Nom de l'inspecteur(s) Brenda Gauld (#187)		
Inspection Summary/Sommaire d'inspection		
<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 administrator, assistant Administrator, Director of Care, one RN, RAI coordinator, one member of the maintenance staff, and one PSW.</p> <p>During the course of the inspection, the inspector reviewed a resident chart.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Falls prevention</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</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. 110(2)6

Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

6) That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.


Findings:

The registered staff do not reassess the need for a seatbelt except on the quarterly medication review and during the quarterly RAI assessment.

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 with the registered staff reassessing the need for restraint at least every 8 hours, 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). January 17, 2011