



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 24, 2019	2019_743536_0006	006100-18, 006867- 19, 007297-19	Critical Incident System

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**Licensee/Titulaire de permis**

The Corporation of Norfolk County  
12 Gilbertson Drive P.O. Box 247 SIMCOE ON N3Y 4L1

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

Norview Lodge  
44 Rob Blake Way P.O. Box 604 SIMCOE ON N3Y 4L8

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CATHIE ROBITAILLE (536)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 4, 5, 8, 9 and 10, 2019.**

**The following intakes were completed during this Critical Incident Inspection.**

**Critical Incident System Reports:**

**Log #006867-19, CIS M624-000008-19 related to: Falls Prevention**

**Log #007297-19, CIS M624-000009-19 related to: Unexpected Death**

**Log #006100-18, CIS M624-000005-18 related to: Falls Prevention**

**During the course of the inspection, the inspector(s) spoke with residents, personal support workers (PSW's), registered staff, Resident Assessment Instrument-Minimum Data Set Co-Ordinator(RAI-MDS) and the Director of Care (DOC).**

**The inspector also toured the home, reviewed relevant documents, including but not limited to: clinical health records, investigation notes, staffing schedules, policies and procedures and incident reports.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

Issued on this 24th day of April, 2019

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**



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**Original report signed by the inspector.**