

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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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>
Jun 23, 2021	2021_689586_0019	006677-21, 006902-21	Critical Incident System

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**Licensee/Titulaire de permis**

The Corporation of Norfolk County  
12 Gilbertson Drive Simcoe ON N3Y 4N5

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

Norview Lodge  
44 Rob Blake Way Simcoe ON N3Y 4N5

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

JESSICA PALADINO (586)

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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): June 10, 11, 15 and 16, 2021.**

**Inspector #916 was present and shadowing during the inspection.**

**The following Critical Incident System (CIS) inspection was completed: 006677-21 (M624-000005-21) related to fall prevention and management.**

**The following Follow Up inspection was completed concurrently: 006902-21 related to fall prevention and management.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Manager of Nursing and Personal Care (MNPC), Supervisors of Nursing and Personal Care (SNPC), Stores Manager, registered staff and personal support workers (PSW).**

**During the course of the inspection, the inspector(s) completed an IPAC checklist, toured the home, observed resident care and reviewed relevant policies and procedures, internal compliance plans and training records.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2021_689586_0015	586

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

**Specifically failed to comply with the following:**

**s. 49. (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 79/10, s. 49 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that hip protectors were readily available in the home.

A resident was not wearing hip protectors, which was part of the written plan of care, because the home did not have any extra pairs in the home. This was confirmed through interview with a PSW and the MNPC. The MNCP acknowledged that there was not an adequate supply of hip protectors in the home.

Sources: resident health record, CIS report, the licensee's policy 'Fall Prevention and Management Program' (NUR-71, last revised May 3, 2021) and interviews with staff. [s. 49. (3)]

***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 the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home, to be implemented voluntarily.***

**Issued on this 25th day of June, 2021**

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

**Original report signed by the inspector.**