



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 3, 2013	2012_138151_0020	S-001371-12	Follow up

Licensee/Titulaire de permis

**ST. JOSEPH'S HEALTH CENTRE OF SUDBURY
1140 South Bay Road, SUDBURY, ON, P3E-0B6**

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

**ST.GABRIEL'S VILLA OF SUDBURY
4690 Municipal Road 15, , Chelmsford, ON, P0M-1L0**

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

**This inspection was conducted on the following date(s): December 12,13,14,
2012**

**This review is to follow up on outstanding non-compliance order O.Reg.79/10,
s.49.(2)**

**During the course of the inspection, the inspector(s) spoke with - Site
Administrator, Director of Care, VP Clinical Services, RNs, RPNs, PSWs
(Personal Support Workers), residents**

During the course of the inspection, the inspector(s)

- did daily walk-through of the home, with emphasis on assuring home's implementation of falls management program,**
- reviewed resident health care records,**
- directly observed care and services to residents,**
- reviewed related policies and procedures,**
- reviewed the home's falls management program,**
- reviewed home's compliance plan with a view to verify actualization of home's stated strategies,**
- reviewed results of post-fall assessment audits conducted by Director of Care, (results offered to Inspector by Director of Care),**
- audited resident health care records for completed post-fall assessments.**

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management**

Falls Prevention

Personal Support Services

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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.

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. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 49 (1).

Findings/Faits saillants :



1. The home did not ensure the falls prevention and management program, at a minimum, provides for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Inspector reviewed the home's current post-fall assessment tool used to assess incidents of falls, identify the cause of the fall and identify strategies to prevent further falls and/or mitigate the effects of further falls. Inspector noted this post-fall document does not consider the resident's drug regime as part of this assessment. Inspector discussed this issue with Staff Person 006 who, upon review of the current post fall assessment tool, concurred that the resident's drug regime is not included in the list of possible antecedents to resident falls. [s. 49. (1)]

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 falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls that includes a review of the resident's drug regime, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 49. (2)	CO #001	2012_139163_0011	151



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Issued on this 3rd day of January, 2013

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

Monique M. Berger (151)