



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

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

**Order(s) of the Inspector**  
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**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**

**Public Copy/Copie du public**

**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** DIANA STENLUND (163)

**Inspection No. /  
No de l'inspection :** 2012\_139163\_0028

**Type of Inspection /  
Genre d'inspection:** Mandatory Reporting

**Date of Inspection /  
Date de l'inspection :** Sep 4, 5, 6, 7, 2012

**Licensee /  
Titulaire de permis :** *Algoma Manor Nursing Home*  
BOARD OF MANAGEMENT FOR THE DISTRICT OF ALGOMA  
135 Dawson Street, ALGOMA, ON, P0R-1L0

**LTC Home /  
Foyer de SLD :** *Algoma Manor Nursing Home*  
~~ALGOMA DISTRICT HOMES FOR THE AGED~~  
135 DAWSON STREET, THESSALON, ON, P0R-1L0

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** BARBARA HARTEN

*Algoma Manor Nursing Home*  
To BOARD OF MANAGEMENT FOR THE DISTRICT OF ALGOMA, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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**Ordre(s) de l'inspecteur**  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that staff use safe transferring and positioning devices or techniques when assisting residents using the mechanical bath chair lift, the sit/stand lift and any other mechanical lift used to assist residents.

The plan shall be submitted to Diana Stenlund, Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 159 Cedar Street, Suite 603, Sudbury ON P3E 6A5 by Sept 14, 2012.  
(Fax: 705-564-3133)

**Grounds / Motifs :**

1. The licensee has failed to ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A Critical incident (CI) report identifies that resident 001 fell during a transfer using a sit/stand (Sara) lift which resulted in injury and transfer to hospital. It was reported in the CI documents and the home's internal incident report that only one staff member, S-010 was present and assisted resident 001 with transferring from the toilet to wheelchair with the sit/stand lift. It was noted that during the transfer process, the resident became unable to hold on and fell. The home's policy (#VII-G-40.40) requires two staff to be present when transferring all residents into and out of the tub using a mechanical bath chair lift as well as two staff are required to be in attendance and assist throughout the entire transferring process when using a sit/stand (Sara) lift.

The home's internal report provided to the inspector also notes that at the time of the incident, resident 001 was not wearing proper footwear as required by the home's policy when transferring a resident.

2. On September 04, 2012 at approximately 0950hr inspector observed staff member S-009 assist resident 002 to the tub room for a bath. Inspector interviewed staff S-009 after the bath was completed. Staff S-009 acknowledged that there were no other staff present in the tub room to assist with transferring the resident into and out of the tub using the mechanical bath chair lift.

Inspector interviewed staff S-009 and S-007 on September 04, 2012 who reported to the inspector that their understanding is that they do not always need to use two staff when transferring residents into and out of the tub using the mechanical bath chair lift.

Inspector interviewed S-008 on September 04, 2012 who confirmed that the home's policy requires two staff to be present when transferring all residents into and out of the tub using a mechanical bath chair lift as well as two staff are required to be in attendance and assist throughout the entire transferring process when using a sit/stand (Sara) lift.

3. The licensee was previously issued a WN and Compliance Order (CO) 001 related to the same section of the Regulations (O.Reg, 79/10,s.36) during the RQI inspection in May 2011. The CO was later noted to be complied with during inspection #2012-139163-003 in February 2012. [O.Reg,79/10,s.36] (163)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Sep 21, 2012



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8



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

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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, or by fax upon:

~~The written request for review must be served personally, by registered mail or by fax:~~

~~Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603~~

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11<sup>th</sup> Floor  
Toronto ON M5S 2B1  
Fax: (416) 327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 7th day of September, 2012**

**Signature of Inspector /  
Signature de l'inspecteur :**

*Diana Stenlund, #163*

**Name of Inspector /**

**Nom de l'inspecteur :** DIANA STENLUND

**Service Area Office /**

**Bureau régional de services :** Sudbury Service Area Office

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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
SUDBURY, ON, P3E-6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury  
159, rue Cedar, Bureau 603  
SUDBURY, ON, P3E-6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

Public Copy/Copie du public

| Date(s) of Inspection/Date(s) de l'inspection  | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|--|-----------------------------------|---------------------------------------|
| Sep 4, 5, 6, 7, 2012   | 2012_139163_0028                  | Mandatory Reporting                   |
| <b>Licensee/Titulaire de permis</b><br><i>Algoma Manor Nursing Home</i><br>BOARD OF MANAGEMENT FOR THE DISTRICT OF ALGOMA<br>135 Dawson Street, ALGOMA, ON, P0R-1L0              |                                   |                                       |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br><i>Algoma Manor Nursing Home</i><br>ALGOMA DISTRICT HOMES FOR THE AGED<br>135 DAWSON STREET, THESSALON, ON, P0R-1L0 |                                   |                                       |
| <b>Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs</b><br>DIANA STENLUND (163)   |                                   |                                       |

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with the Care Co-ordinator, registered nursing staff, personal support workers (PSWs), and residents.

During the course of the inspection, the inspector(s) walked through resident home areas, observed resident care, reviewed health care records and home policies.

The following inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

| Legend                             | Legendé                               |
|------------------------------------|---------------------------------------|
| WN – Written Notification          | WN – Avis écrit                       |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral             | DR – Aiguillage au directeur          |
| CO – Compliance Order              | CO – Ordre de conformité              |
| WAO – Work and Activity Order      | 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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A Critical Incident (CI) report identifies that resident 001 fell during a transfer using a sit/stand (Sara) lift which resulted in injury and transfer to hospital. It was reported in the CI documents and the home's internal incident report that only one staff member, S-010 was present and assisted resident 001 with transferring from the toilet to wheelchair with the sit/stand lift. It was noted that during the transfer process, the resident became unable to hold on and fell. The home's policy (#VII-G-40.40) requires two staff to be present when transferring all residents into and out of the tub using a mechanical bath chair lift as well as two staff are required to be in attendance and assist throughout the entire transferring process when using a sit/stand (Sara) lift.

The home's internal report provided to the inspector also notes that at the time of the incident, resident 001 was not wearing proper footwear as required by the home's policy when transferring a resident.

2. On September 04, 2012 at approximately 0950hr inspector observed staff member S-009 assist resident 002 to the tub room for a bath. Inspector interviewed staff S-009 after the bath was completed. Staff S-009 acknowledged that there were no other staff present in the tub room to assist with transferring the resident into and out of the tub using the mechanical bath chair lift.

Inspector interviewed staff S-009 and S-007 on September 04, 2012 who reported to the inspector that their understanding is that they do not always need to use two staff when transferring residents into and out of the tub using the mechanical bath chair lift.

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**Additional Required Actions:**

**CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

**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:**

**CORRECTED NON-COMPLIANCE ORDER(S)  
REDRESSEMENT EN CAS DE NON-COMPLIANCE ORDRES**

| <b>REQUIREMENT/<br/>EXIGENCE</b> | <b>TYPE OF ACTION/<br/>GENRE DE MESURE</b> | <b>INSPECTION # / NO<br/>DE L'INSPECTION</b> | <b>INSPECTOR ID #/<br/>NO DE L'INSPECTEUR</b> |
|----------------------------------|--|--|---|
| O.Reg 79/10 r. 75.               | CO #001                                    | 2012_139163_0019                             | 163   |

Issued on this 7th day of September, 2012

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

*Diana Feukund, #163*