



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

**Rapport d'inspection
prévue 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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

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

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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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection March 23, 2011	Inspection No/ d'inspection 2011_189_2888_23Mar111039	Type of Inspection/Genre d'inspection Critical Incident T-631
Licensee/Titulaire Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. 100 Milverton Drive, Suite 700, Mississauga Ontario L5R 4H		
Long-Term Care Home/Foyer de soins de longue durée The Woodhaven 380 Church Street Markham, Ontario L6B 1E1		
Name of Inspector(s)/Nom de l'inspecteur(s) Nicole Ranger (189)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Critical Incident inspection regarding injury during transfer.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Registered Staff, Personal Care Providers</p> <p>During the course of the inspection, the inspector:</p> <ul style="list-style-type: none"> • Conducted a walk through of the resident home area and common area • Reviewed heal care records • Review the homes Lift and Transfer Program <p>The following Inspection Protocols were used in part or in whole during this inspection:</p> <p>Personal Support Services Inspection Protocol</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>2 WN 1 CO: CO # 001 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/Ordre de conformité
WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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-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.)

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. 36

36. Every licensee of a long-term care home shall ensure that staff uses safe transferring and positioning devices or techniques when assisting residents.

Findings:

Resident sustained a serious injury during transfer when staff used a transfer device that was unsafe for this resident

1. Plan of care for resident indicates the requirement for transfer two person total assistance with mechanical lift
2. Resident was transferred from washroom to bed by staff using a sit to stand lift without a second person assisting.
3. Care plan notes resident inability to weight bear. Sit to stand lift used requires resident to be able to weight bear.
4. Resident sustained injury during transfer

Inspector ID #: 189

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA 2007, S. O.2007, c.8, s. 6 (7)
(7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

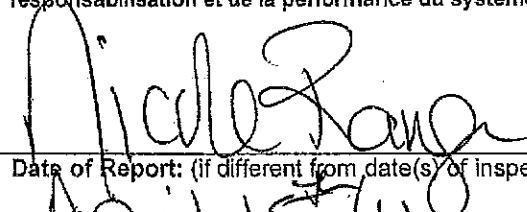
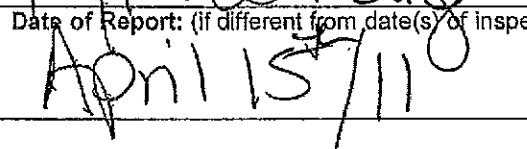
Resident did not receive the required care as indicated in her care plan when transferred with a mechanical lift

1. Plan of care for resident indicates the requirement for transfer two person total assistance with mechanical lift
2. Resident was transferred from washroom to bed by staff using a sit to stand lift without a second person assisting.
3. Care plan notes resident inability to weight bear. Sit to stand lift used requires resident to be able to weight bear.
4. Staff did not refer to the plan of care prior to providing care for the resident to ensure that she was using the correct transfer device.

Inspector ID #: 189

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 all staff follow direction regarding transfers as outlined in the plan of care, 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).	
			



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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Nicole Ranger	Inspector ID # 189
Log #:	T-631	
Inspection Report #:	2011_189_2888_23Mar111039	
Type of Inspection:	Critical Incident	
Date of Inspection:	March 23, 2011	
Licensee:	Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. 100 Milverton Drive, Suite 700, Mississauga Ontario L5R 4H	
LTC Home:	The Woodhaven 380 Church Street Markham, Ontario L6B 1E1	
Name of Administrator:	Michelle Stroud	

To Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10. s. 36			
Every licensee of a long-term care home shall ensure that staff uses safe transferring and positioning devices or techniques when assisting residents			
Order: The licensee shall submit a plan by April 21 st 2011, describing how they will ensure that staff uses safe transferring and positioning devices or techniques when assisting residents.			



Grounds

Resident sustained a serious injury during transfer when staff used a transfer device that was unsafe for this resident

1. Plan of care for resident indicates the requirement for transfer two person total assistance with mechanical lift
2. Resident was transferred from washroom to bed by staff using a sit to stand lift without a second person assisting.
3. Care plan notes resident inability to weight bear. Sit to stand lift used requires resident to be able to weight bear.
4. Resident sustained injury during transfer

This order must be complied with by: April 30th, 2011

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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

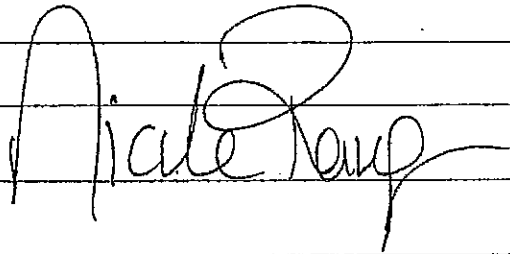
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Fax: 416-327-7603

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.

Issued on this th 18 day of April, 2011.	
Signature of Inspector:	
Name of Inspector:	Nicole Ranger
Service Area Office:	Toronto