



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

**Rapport d'inspection
prevue 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

**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
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
24 August 2010	2010_127_9610_16Aug134654	Complaint (H-00587)
Licensee/Titulaire		
The Regional Municipality of Niagara		
Long-Term Care Home/Foyer de soins de longue durée		
Northland Pointe, 2 Fielden Avenue, Port Colborne, ON L3K 6G4		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Richard Hayden, LTC Homes Inspector #127		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection.		
During the course of the inspection, the inspector spoke with: Administrator; Director of resident care; Dietary, Housekeeping and Laundry Manager; Maintenance coordinator; RAI coordinator; nursing staff; housekeeping staff		
During the course of the inspection, the inspector undertook a visual inspection of all resident home areas, observed staff practices and reviewed the housekeeping policies and procedures, the housekeeping staff schedule and receipts for services provided to the home.		
The following Inspection Protocols were used during this inspection:		
<ul style="list-style-type: none">• Accommodation Services – Housekeeping• Accommodation Services – Laundry• Accommodation Services – Maintenance		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN 1 VPC		



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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement du directeur

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.

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.)

Le suivant constitue un avis écrit de l'exigences prévues au paragraphe 1 de la section 152 de la loi sur les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans la 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 LTCHA, 2007, S.O. 2007, c. 8, s. 6 (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:

24 August 2010

1240 hrs – A resident was left alone in his/her room while eating from a tray of food that had been placed in front of him/her. The plan of care for this resident indicated he/she is at risk of choking following a cardiovascular accident and is required to have one (1) staff assist with feeding.

Inspector ID #: 127

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 regarding providing resident care as set out 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.**

Date of Report (if different from date(s) of inspection).

05 October 2010