

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

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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**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
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
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February 7, 2011

Ms. Laura Mounce
Administrator
Bay Ridges Long Term Care Centre
900 Sandy Beach Road
Pickering ON L1W1Z4

Dear Ms. Mounce:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted on December 2, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the **Inspection Report-Public Copy** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely


for Caroline Tompkins
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

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☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 2 2010	2010_166_2895_09Dec123013	Log#O-002805

Licensee/Titulaire

Revera Long Term Care Inc.,
55 Standish Court, 8th Floor, Fax 289-777-1406
Mississauga, ON
L5R 4B2

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

Bay Ridges Long Term Care Centre
900 Sandy Beach Road Fax 905 837-8496
Pickering, ON
L1W 1Z4

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

Caroline Tompkins #166

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to resident care.

During the course of the inspection, the inspector spoke with: the resident, the administrator, the director of care, two personal support workers, a member of the registered nursing staff and the registered dietician.

During the course of the inspection, the inspector: reviewed the resident's clinical records and the home's policy and procedure related to the use of mechanical lifts when transferring residents.

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

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/Ordres de conformité
WAO – Work and Activity Order/Ordres: 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 constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de 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 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 Ontario Regulations 79/10 made under the LTCHA, 2007 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Findings:

1. There is written documentation that clearly indicates that the resident was transferred contrary to home's policy related to transferring a resident using a mechanical lift, as well straps that should have been used to support the resident were not in place.

Inspector ID #: 166

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).

January 26 2011