



**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***

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
conformité

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670



Licensee Copy/Copie du Titulaire



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Date(s) of inspection/Date de l'inspection November 2, 2010	Inspection No/ d'inspection 2010_150_2665_02Nov101058	Type of Inspection/Genre d'inspection Complaint – Log #0-001424
Licensee/Titulaire New Orchard Lodge Limited [a subsidiary of Extendicare (Canada) Inc.], 3000 Steeles Avenue East, Suite 700, Markham, Ontario, L3R 9W2, Fax 905-470-5588		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Laurier Manor, 1715 Montreal Road, Gloucester, Ontario, K1N 5M2, Fax 613-741-8432		
Name of Inspector(s)/Nom de l'inspecteur(s) Carole Baril (#150)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to care and services provided to an identified resident. During the course of the inspection, the inspector spoke with the Administrator, Director of Care, registered nursing staff, personal support worker. During the course of the inspection, the inspector interviewed staff listed above, reviewed resident's health care record. No inspection protocol used for this inspection, adhoc notes were done. ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN 1 VPC		

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: LTCHA, 2007, S.O.2007 c.8, s.24(1)

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Findings:

- 1- The progress note entry of an identified resident, by registered nursing staff documents "resident statement , staff members hurting her when putting her back to bed" and complaining of pain. The resident was sent to hospital assessed by registered staff for presence of pain, swelling and bruising of left leg. The resident returned from hospital with a diagnosis of fracture of left tibia and fibula identified by the emergency physician of cause unknown. The assistant director of care Dorota Radwanska confirmed that no mandatory report was completed. This incident was not reported to the Director.

Inspector ID #: 150

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 with reporting of mandatory incident, 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:

Curli Burt LTC Inspector

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

November 23, 2010