



**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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
Sudbury ON P3E 6A5

Bureau régional de services de Sudbury  
159 rue Cedar, bureau 603  
Sudbury ON P3E 6A5

**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

Telephone: 705-564-3130  
Facsimile: 705-564-3133

Téléphone: 705-564-3130  
Télécopieur: 705-564-3133

| <input type="checkbox"/> Licensee Copy/Copie du Titulaire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | <input checked="" type="checkbox"/> Public Copy/Copie Public     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------|
| <b>Date(s) of inspection/Date de l'inspection</b><br>August 16-19, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Inspection No/ d'inspection</b><br>2010_106_2936_17Aug152458 | <b>Type of Inspection/Genre d'inspection</b><br>Mandatory Report |
| <b>Licensee/Titulaire</b><br>F. J. Davey Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                  |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>F. J. Davey Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                  |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Margot Burns-Prouty (ID#106)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                                                  |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                  |
| <p>The purpose of this inspection was to conduct a/an Mandatory Report inspection.</p> <p>This inspection was completed concurrently with two other inspections during the course of all three inspections the inspector spoke with: the Executive Director, RAI Coordinator, Registered Nurse, Registered Practical Nurse, and Personal Support Workers.</p> <p>This inspection was completed concurrently with two other inspections during the course of all three inspections the inspector: Interviewed staff members, observed care provided to residents in facility, audited electronic plan of care, audited written plan of care, reviewed facility policies and procedures.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:<br/>-Personal Support Services</p> <p><input type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>2 WN<br/>0 VPC<br/>0 CO: CO #<br/>0 WAO: WAO #<br/>0 DR</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/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'exigences prévue le paragraph 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. 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. 2007, c. 8, s. 6 (7).

**Findings:** This was found not to be in compliance.

The care set out in the plan of care was not provided to a resident as specified in the plan. Resident was not checked and changed every two hours as specified in their plan of care.

**Inspector ID #:** 106

**WN #2: The Licensee has failed to comply with O. REG. 79/10, S. 50(2)(d):**

Every licensee of a long-term care home shall ensure that, any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.

**Findings:** This was found not to be in compliance.

A resident was not repositioned as specified in her plan of care.

**Inspector ID #:** 106

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

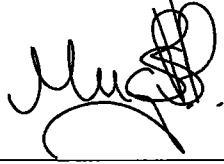
Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.



**Ministry of Health and  
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**Rapport  
d'inspection prévue  
le *Loi de 2007 les  
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|               |              |                                                                                     |
|---------------|--------------|-------------------------------------------------------------------------------------|
|               |              |   |
| <b>Title:</b> | <b>Date:</b> | <b>Date of Report (if different from date(s) of inspection).</b><br>August 20, 2010 |