

**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
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Inspection Report under the LTC Homes Act, 2007		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée	
☒ Public Copy ☐ Licensee Copy		☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 4, 2010	Inspection No/ d'inspection 2010-121-0995- 04Aug144828	Type of Inspection/Genre d'inspection Critical Incident L-00084	
Licensee/Titulaire ATK Care Inc 1386 Indian Grove Mississauga, ON L5H 2S6			
Long-Term Care Home/Foyer de soins de longue durée The Fordwich Village Nursing Home 3063 Adelaide Street Fordwich, ON N0G 1V0			
Name of Inspector(s)/Nom de l'inspecteur(s) Elizabeth Elvidge (#121)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident inspection			
The inspection was conducted by one inspector identified above.			
The inspection occurred on August 4, 2010 with one inspector(s) being present on one day.			
During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, charge Nurse.			
The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Inspection Protocol Critical Incident Response Inspection Protocol			
Findings of Non-Compliance were found during this inspection. The following action was taken: 5 WN 4 VPC 0 CO			

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 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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c. 8, s. 6 (1).
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

1. A maxi lift/portable sling lift is now to be used. Under "Toileting, Restorative and Potential for Falls" the care plan says to use a sit to stand lift.
2. Laceration to left shin as a result of the fall was not on the care plan therefore no directions/interventions were available to guide care providers.
3. Pain associated with the fall not identified on the care plan and therefore no directions/interventions to guide care providers.

Further Inspector Actions:

VPC- pursuant LTCHA, 2007, S.O. 2007, c.8, s.6(1) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 121

Required Compliance Date for WN: Immediate

Required Compliance Date for VPC 3 days

WN#2: The Licensee has failed to comply with: O. Reg. 79/10,s107(3)4

The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): An injury in respect of which a person is taken to hospital.

Findings:

Injury resulting in hospital visit happened on July 9, 2010. The Director was notified on July 16, 2010.

Inspector ID#: 121

Required Compliance Date for WN: Immediate

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 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#3: The Licensee has failed to comply with: O. Reg. 79/10, s 48(2)(b)

Each program must, in addition to meeting the requirements set out in section 30, provide for assessment and reassessment instruments.

Findings:

No assessments or re-assessment instruments available.

Further Inspector Actions:

VPC- pursuant to O. Reg. 79/10, s 48(2)(b) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 121

Required Compliance Date for WN: September 4, 2010

Required Compliance Date for VPC: September 4, 2010

WN#4: The Licensee has failed to comply with: O. Reg. 79/10, s49(1)

The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Findings:

The Home's Fall Prevention Program consists of one policy which does not fulfill the requirements of a Fall Prevention Program.

Further Inspector Actions:

VPC- pursuant to O. Reg. 79/10, s49(1) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

Inspector ID#: 121

Required Compliance Date for WN: November 4, 2010

Required Compliance Date for VPC: November 4, 2010

WN#5: The Licensee has failed to comply with: O. Reg. 79/10, s49(2)

- 1. Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.**

Findings:

- 1. No clinically appropriate assessment instrument available or used.**

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 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.

Further Inspector Actions:

VPC- pursuant to O. Reg. 79/10, s49(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

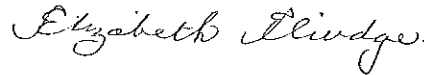
Inspector ID#: 121

Required Compliance Date for WN: September 4, 2010

Required Compliance Date for VPC: September 4, 2010

Signature of Licensee or Designated Representative
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).