

**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

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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	
X Public Copy Licensee Copy		Copie du Titulaire X Copie de la Publique	
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
August 18, 2010	2010-168-9532- 18Aug142830	Other	
Licensee/Titulaire The Corporation of Haldimand County 45 Munsee Street Box 400 Cayuga ON N0A 1E0			
Long-Term Care Home/Foyer de soins de longue durée Grandview Lodge 657 Lock Street West Dunnville ON N1A 1V9			
Name of Inspector(s)/Nom de l'inspecteur(s) Lisa Vink			
Inspection Summary/Sommaire d'inspection			

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.

The purpose of this inspection was to conduct an Other Inspection

The inspection was conducted by Lisa Vink.

The inspection occurred on August 18, 2010.

During the course of the inspection, the inspector spoke with:
The Administrator, Director of Nursing and front line nursing staff

The following Inspection Protocols were used during this inspection:
Adhoc Notes

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

1 WN

1 CO: CO# 001

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Plan of correction/Plan de redressement

DR – Director Referral/Régisseur envoye

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 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: O. Reg79/10, s. 112.3

For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home: Any device with locks that can only be released by a separate device, such as a key or magnet.

Findings:

1. On August 18, 2010 three residents were identified in the Creek View home area who were using prohibited devices that limit movement, as defined in the legislation.

Inspector ID#: 168

Required Compliance Date: Immediately

Compliance Order #001 was served to the Licensee on August 18, 2010

Signature of Licensee of 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).



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Name of Inspector:	Lisa Vink	Inspector ID #	# 168
Inspection Report #:	2010_168_9532_18Aug142830		
Type of Inspection:	Other		
Licensee:	The Corporation of Haldimand County		
LTC Home:	Grandview Lodge / Dunnville		
Name of Administrator:	Joanne Mc Guire		

To The Corporation of Haldimand County, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10, s. 112. 3. For the purpose of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home: 3. Any device with locks that can only be released by a separate device, such as a key or magnet.			
Order: The licensee shall cease and desist from using magnetic restraints on two identified residents. The licensee shall cease and desist from using a pen-release belt restraint on an identified resident. The licensee shall cease and desist from using magnetic and pen-release restraints on any/all residents within the home.			
Grounds: - Two identified residents were observed to be restrained with a magnetic restraint on August 18, 2010 on the Creek View home area. - An identified resident was observed to be restrained with a pen-release belt restraint on August 18, 2010 on the Creek View home area.			
This order must be complied with by:		Immediate	



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REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 18 August, 2010.

Signature of Inspector:

[Signature] - October 12/10

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Name of Inspector:	Lisa Vink Inspector ID #: 168
Service Area Office:	Hamilton Service Area Office