Ontario

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

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

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

Telephone: 705-564-3130
Facsimilie: 705-564-3133

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

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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 1 – 4, 2010	**2010_106_2923_01Nov144610**	Complaint Inspection Log#: S-00435 IL#: IL-14594-SU

Licensee/Titulaire
St. Joseph's Care Group, 35 North Algoma Street, P.O. Box 3251, Thunder Bay, ON, P7B 5G7
Fax: 807-345-4994

Long-Term Care Home/Foyer de soins de longue durée
Hogarth Riverview Manor, 300 Lillie Street, Thunder Bay, ON, P7C 4Y7
Fax : 807-623-4520

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

Margot Burns-Prouty #106

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct two inspections concurrently, a complaint inspection and a mandatory report inspection.

During the course of the inspections, the inspector spoke with:

- the Administrator,
- the Director of Care (DOC),
- Human Recourses Personnel,
- Recreation Coordinator
- Registered Practical Nurses,
- Health Care Aids (HCA),
- Dietary Aids,
- Housekeeping Staff,
- Substitute Decision Makers (SDM).

During the course of the inspections, the inspector:

- Conducted a walk-through of all resident home areas and various common areas,
- observed care provided to residents in the facility,
- audited electronic plan of care,
- audited written plan of care,
- reviewed the following:
  - Abuse policies
  - Complaint policies

The following Inspection Protocols were used in part or in whole during this inspection:

- Personal Support Services
- Responsive Behaviours
- Prevention of Abuse and Neglect

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 envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activitiés

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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue 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, C8, s. 19(1): Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.
Findings: 1. A resident was pulled from a seated position by a co-resident. A HCA attempted to soften the fall by attempting to lower the resident to the floor. As a result of the fall the resident sustained a laceration and received sutures to her wound. The licensee failed to protect this resident from abuse from their fellow resident.
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.**
Title: **Date:**	***Date of Report (if different from date(s) of inspection).*** January 26, 2011