



**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

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**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
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Date(s) of inspection/Date de l'inspection Sept. 15, 2010	Inspection No/ d'inspection 2010_112_9541_15Sep091215	Type of Inspection/Genre d'inspection Critical Incident L00310
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Licensee/Titulaire
Corporation of the County of Huron, 77722A London Road
RR#5 Clinton ON NOM 1LO

Long-Term Care Home/Foyer de soins de longue durée
Huronview HFA, Lot 50, Con. 1 Mun. of Huron East,
RR#5 Clinton, ON NOM 1LO

Name of Inspector
Carole Alexander Inspector #112

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: Director of Care, 2 Registered staff, 3 PSW staff

During the course of the inspection, the inspector: Reviewed a resident's health record including progress notes and care planning. The home's critical incident submission was reviewed.

The following Inspection Protocols were used in part or in whole during this inspection:
Personal and Support Services Inspection Protocol.

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

1WN
1VPC



WN #1: The Licensee has failed to comply with Ontario Regulation 79/10 s.49(2)

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:

Resident had evidence of a "possible" unwitnessed fall. Resident exhibited bruising and complaints of pain and weight bearing changes. Concerns by staff were reported and there was no physical assessment by Registered staff.

Inspector ID #: 112

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 ensuring resident assessments following a change of condition, 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:


Sept 23, 2010
Date of Report: (if different from date(s) of inspection).