Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Mar 14, 2012	2012_072120_0024	Critical Incident

Licensee/Titulaire de permis

JOHN NOBLE HOME
97 Mt. Pleasant Street, BRANTFORD, ON, N3T-1T5

Long-Term Care Home/Foyer de soins de longue durée

JOHN NOBLE HOME
97 MOUNT PLEASANT STREET, BRANTFORD, ON, N3T-1T5

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Assistant Director of Resident Care, registered and non-registered staff and the maintenance person regarding a critical incident.

During the course of the inspection, the inspector(s) reviewed the resident's clinical records, bed and mattress inspection logs, assessed the resident's therapeutic mattress and bed system.(H-000454-12)

The following Inspection Protocols were used during this inspection:

Personal Support Services

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

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,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

[LTCHA 2007, S.O. 2007, c.8, s. 6(1)(a)] The written plan of care for an identified resident did not set out the planned care for their sleep patterns or a safe bed environment. In 2012, the resident sustained an injury requiring hospitalization as a result of a fall from a therapeutic air mattress. According to the resident's clinical record, the resident was assessed for a therapeutic air mattress in 2009 and was provided with one. The registered staff interviewed did not specifically assess the bed system as a whole for safety risks.

The plan of care available to staff prior to the incident, did not include any information regarding the use of a therapeutic surface, bed rails or the resident's sleep patterns (i.e. agitation, restlessness etc.) Staff who were present on the night of the incident, recorded in the resident's clinical record that the resident was restless and required assistance several times prior to the fall.

Issued on this 17th **day of April, 2012**

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

B Smith