



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

**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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 21, 2010	Inspection No/ d'inspection 2010 _146_9551_21Sept105843	Type of Inspection/Genre d'inspection Critical Incident H-00912
Licensee/Titulaire Regional Municipality of Niagara, 2201 St David's Road, Thorold, ON., L2V 4T7		
Long-Term Care Home/Foyer de soins de longue durée Linhaven, 403 Ontario Street, St Catharines, ON., L2N 1L5		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, LTC Homes Inspector –Nursing #146		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Critical incident inspection regarding a resident to resident assault. During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care (DOC), the Associate Director of Care (ADOC), Registered staff, 1 Personal Support Worker(PSW), and the resident involved. During the course of the inspection, the inspector: did a health record review, reviewed the home's policy for prevention of abuse, observed and interviewed the resident who was assaulted. The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN		

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordre de conformité
WAO – Work and Activity Order/Ordre: 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'exigence 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.Reg. 79/10, s.53 (1)2:

53(1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

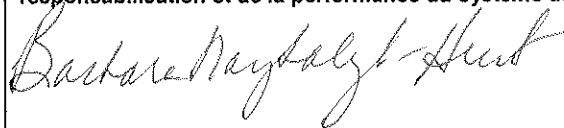
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

Findings:

1. A resident physically assaulted another resident with injury in August 2010 and there are no written strategies on the plan of care for aggression or potential for aggression completed before or after the incident.

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).