Ontario

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

Rapport d'inspection prévue 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

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

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 26, 2010	2010_146_9551_26Oct110455	Complaint H-01691

Licensee/Titulaire
Linhaven, 403 Ontario Street, St Catharines, ON., L2N 1L5

Long-Term Care Home/Foyer de soins de longue durée
The Regional Municipality of Niagara, 2201 St David's Road, Thorold, ON., L2V 4T7

Name of Inspector(s)/Nom de l'inspecteur(s)
Barbara Naykalyk-Hunt #146

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to a resident to resident abuse with injury that was not reported to the Ministry of Health and Long Term Care.

During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care (DOC), the Manager of Dementia care and 2 registered staff.

During the course of the inspection, the inspector: reviewed the health file of 2 residents and observed the residents and staff in the Roy Adams Centre.

The following Inspection Protocols were used during this inspection: Responsive Behaviours

☒ 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 envoyé
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'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 LTCHC, 2007, S.O. 2007, c.8, s.24(1)2

24(1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Findings:

1. **The health file of an identified resident indicates that, in August 2010 the resident was pushed down by another resident. The resident who was pushed down hit the back of the head. No report of this resident to resident abuse with injury was sent to the Ministry of Health and Long Term Care.**
2. **The same resident was pushed down again in September 2010. According to progress notes, the resident's glasses were broken and the resident sustained an injury. Head injury routine was again done. Visible bruising was apparent within hours. No report of this incident was filed with the Ministry.**
3. **The Manager of Dementia Care confirmed that no reports had been sent to the Ministry related to these 2 incidents.**

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.** Barbara Daybelyk-Hunt Dec 6/10
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).