Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

55 St. Clair Avenue West, 8th Floor
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Ministère de la Santé et des Soins de longue durée

Ontario

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Toronto

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DEC 0 6 2010

Ms. Natasha Murray
Administrator
North Park Nursing Home
450 Rustic Road
North York, ON M6L 1W9

Dear Ms. Murray:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **October 5, 6, 7, 8, 12, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A. Havrillo
for Saran Daniel-Dodd
LTC Homes Inspector

A. Havrillo
for Susan Lui
LTC Homes Inspector

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*

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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
Oct. 5, 6, 7, 8, 12, 2010	2010_178_909_13Oct152653	Critical Incident T-1254

Licensee/Titulaire
North Park Nursing Home Limited, 438 Rustic Road, North York, ON, M6L 1W9

Long-Term Care Home/Foyer de soins de longue durée
North Park Nursing Home, 450 Rustic Road, North York, ON, M6L 1W9

Name of Inspector(s)/Nom de l'inspecteur(s)
Saran Daniel-Dodd 116, Susan Lui 199

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(s) spoke with: Director of Care, Registered staff, personal support workers, resident.

During the course of the inspection, the inspector(s): reviewed resident files, reviewed North Park's Fall Prevention and Management Program.

The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Inspection Protocol.

☐ There are no findings of Non-Compliance as a result of this inspection.

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

2 WN
2 VPC

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 LTCHA 2007, c. 8, s. 6 (7).
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:
Plan of care for identified resident, last updated on August 8, 2010, stipulates one person assistance with supervision for toileting, and constant guidance with transfers. PSW and resident both confirm that resident was transferring herself on and off the toilet until she fell on August 27, 2010. After her fall on August 27, 2010, plan of care was followed with respects to toileting and transferring requirements.

Inspector ID #:	116, 199

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 the regulation requiring that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg. 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 was noted to have an un-witnessed fall on August 27, 2010, causing injury and subsequent transfer to hospital. No Falls Risk Assessment was conducted after her fall. The last Falls Risk Assessment was conducted on August 8, 2010, as part of her quarterly assessment.

Inspector ID #:	116, 199

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 the regulation requiring that when a resident falls, a post-fall assessment be conducted using a clinically appropriate assessment instrument that is specifically designed for falls, 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:	Date of Report: (if different from date(s) of inspection). Oct 22, 2010