Ontario

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

Rapport d'inspection prevue 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

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

Telephone: 905-546-8294
Facsimilie: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Quest, 11iém étage
Hamilton, ON L8P 4Y7

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

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

Date of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
24 August 2010	2010_127_9610_16Aug134654	Complaint (H-00587)

Licensee/Titulaire

The Regional Municipality of Niagara

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

Northland Pointe, 2 Fielden Avenue, Port Colborne, ON L3K 6G4

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

Richard Hayden, LTC Homes Inspector #127

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: Administrator; Director of resident care; Dietary, Housekeeping and Laundry Manager; Maintenance coordinator; RAI coordinator; nursing staff; housekeeping staff

During the course of the inspection, the inspector undertook a visual inspection of all resident home areas, observed staff practices and reviewed the housekeeping policies and procedures, the housekeeping staff schedule and receipts for services provided to the home.

The following Inspection Protocols were used during this inspection:

- Accommodation Services – Housekeeping
- Accommodation Services – Laundry
- Accommodation Services – Maintenance

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

1 WN
1 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 envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activitiés

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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 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:
24 August 2010
1240 hrs – A resident was left alone in his/her room while eating from a tray of food that had been placed in front of him/her. The plan of care for this resident indicated he/she is at risk of choking following a cardiovascular accident and is required to have one (1) staff assist with feeding.

Inspector ID #:	127

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 regarding providing resident care as set out in the plan of care, 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).** 05 October 2010