



**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

Sudbury Service Area Office
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**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
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	☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 1-3, 2010	Inspection No/ d'inspection 2010_106_9563_01Sep103013	Type of Inspection/Genre d'inspection Mandatory Report
Licensee/Titulaire Board of Management of the District of Kenora		
Long-Term Care Home/Foyer de soins de longue durée Pinecrest		
Name of Inspector(s)/Nom de l'inspecteur(s) Margot Burns-Prouty (ID# 106)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a mandatory report inspection.

During the course of the inspection, the inspector spoke with:

Administrator, Director of Care and Services, ADOC, Registered Nurse, Registered Practical Nurses, Personal Support Workers, Residents and Family Members.

During the course of the inspection, the inspector(s): Interviewed staff members, observed care provided to residents in facility, audited electronic plan of care, reviewed facility policies and procedures and .

The following Inspection Protocols were used in part or in whole during this inspection:

- Prevention of Abuse and Neglect
- Safe and Secure Home

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

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

6 WN
0 VPC
0 CO: CO #
0 WAO: WAO #
0 DR

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoi
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'exigences 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, S.O. 2007, C. 8, S. 19(1)** :

Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings:

This was found not to be in compliance.

The Licensee failed to protect a resident from abuse in July, 2010 when a HCA moved A resident out of bed despite their refusal and complaints of excessive pain.

Inspector ID #:	106
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WN #2: The Licensee has failed to comply with O. REG. 79/10, S. 14:

Every licensee of a long-term care home shall ensure that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall.

Findings:

This was found not to be in compliance.

The licensee of the long-term care home failed to ensure that every resident shower has at least two easily accessible grab bars. The shower in the shower/tub room on unit 2 was observed to only have one grab bar.

Inspector ID #:	106
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WN #3: The Licensee has failed to comply with O. REG. 79/10, S. 87(2)(d):

As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, addressing incidents of lingering offensive odours.

Findings:

This was found not to be in compliance.

The licensee failed to ensure that procedures are developed and implemented to address incidents of lingering offensive odour. On all days of this inspection a strong lingering offensive odour was noted in and around a resident room.

Inspector ID #:	106
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WN #4: The Licensee has failed to comply with O. REG. 79/10, S. 9.1.i:

Every licensee of a long-term care home shall ensure that the following rules are complied with: All doors leading to stairways and the outside of the home must be, kept closed and locked,

Findings:

This was found not to be in compliance.

On September 1, 2010, two separate doors leading to the outside of the home in home area 3 were found to be unlocked and access to outside the home was gained.

Inspector ID #:	106
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WN #5: The Licensee has failed to comply with **O. REG. 79/10, S. 9.1.iii:**

Every licensee of a long-term care home shall ensure that the following rules are complied with: All doors leading to stairways and the outside of the home must be, equipped with an audible door alarm that allows calls to be cancelled only at the point of activation

Findings:

This was found not to be in compliance.

All doors leading to the outside of the home were not equipped with an audible door alarm as, on September 1, 2010 a doorway on unit 3 leading to the outside was unlocked and the alarm did not sound when the door was opened.

Inspector ID #:

WN #6: The Licensee has failed to comply with **O. REG. 79/10, S. 96(a):**

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

Findings:

This was found not to be in compliance.

The written policy to promote zero tolerance of abuse and neglect of residents does not contain any procedures and/or interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected.

Inspector ID #:

106

**CORRECTED NON-COMPLIANCE
Non-respectés à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.16			2009/03/30	

**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.**

Linda Toner, Manager
October 7, 2010

Title:

Date:

**Date of Report
September 8, 2010**