

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée



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

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

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OCT 27 2010

Ms. Barbara Andrews
Administrator
Sherwood Court Long-Term Care Centre
300 Ravineview Drive
Maple, ON L6A 3P8

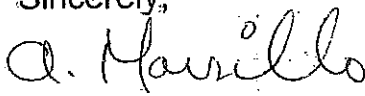
Dear Ms. Andrews:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **September 9, 16, 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,


for Saran Daniel-Dodd, R.N.
LTC Homes Inspector



**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***

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☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 9, 16, 2010	2010_116_2894_13Sep113214	Critical Incident
Licensee/Titulaire		
Revera Long Term Care Inc		
Long-Term Care Home/Foyer de soins de longue durée		
Sherwood Court Long Term Care Centre 300 Ravineview Drive, Maple, Ontario L6A 3P8		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Saran Daniel-Dodd		
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: The Administrator, Director of Care (DOC), Registered Nursing staff and Personal Support Workers (PSW) staff. During the course of the inspection, the inspector: conducted a walk through of the Maple lanes unit, observed staff practices and interactions with residents/visitors. Reviewed health record of resident and falls prevention policy of the home. The following Inspection Protocols were used in part or in whole during this inspection: • Critical Incident • Falls Prevention ☐ 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: 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 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 O. Reg. 79/10 s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Findings:

Staff did not use safe transferring device.

- **Plan of care did not specify level of support required during transfer.**
- **One type of mechanical lift was not readily available.**
- **An incorrect lift was used by a PSW (personal support worker).**
- **One resident sustained an injury following use of an inappropriate lift.**

Inspector ID #: 116

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 to ensure that staff use safe transferring and positioning devices or techniques when assisting residents. This plan is to be implemented voluntarily.

The home has reported the following corrective action which has been taken:

- Request has been put forward to the LHIN (Local Health Integrated Network) for funding to purchase additional mechanical lifts.
- Re-education surrounding body mechanics and mechanical lifts were provided to all staff members involved.

