**Ministry of Health and Long-Term Care**

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

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
Facsimile: 613-569-9670

**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
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
Télécopieur: 613-569-9670

November 8, 2011

Ms. Ginette Beaudin
Administrator
St. Jacques Nursing Home
915 Notre Dame Street
P.O. Box 870
Embrun ON K0A 1W0

Dear Ms. Beaudin:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on November 1, 3 and 4, 2011 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 Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

Kathleen Smith

for Colette Asselin
LTC Home Inspector – Nursing

c President, Resident's Council
President, Family Council

Ontario

**Ministry of Health and Long-Term Care**

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

**Ministére de la Santé et des Soins de longue durée**

**Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue**


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**Public Copy/Copie du public**

| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| Nov 1, 3, 4, 2011 | 2011_029134_0013 | Other |

**Licensee/Titulaire de permis**

412506 ONTARIO LTD
915 Notre Dame Street, PO Box 870, Embrun, ON, K0A-1W0

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

ST. JACQUES NURSING HOME
915 Notre Dame Street, P. O. Box 870, Embrun, ON, K0A-1W0

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

COLETTE ASSELIN (134)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct an Other inspection.**

**During the course of the inspection, the inspector(s) spoke with the two Administrators, the Food Service Supervisor (FSS), the Registered Nurse (RN), several Personal Support Workers (PSW), the President of the Residents' Council, several residents and one family member.**

**During the course of this inspection the inspector conducted an SAO Initiated Inspection log # O-002176-11**

**During the course of the inspection, the inspector(s) reviewed the Residents' Council's minutes, the health care records and bath lists, toured the home, reviewed the registered staff's schedule and reviewed one letter of refusal.**

**The following Inspection Protocols were used during this inspection:**

**Dining Observation**

**Residents' Council**

**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

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| NON-COMPLIANCE / NON-RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>WAO – Ordres : travaux et activités |
| 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.)<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.<br><br>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

**Specifically failed to comply with the following subsections:**

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**s. 85. (4) The licensee shall ensure that,**
**(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);**
**(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;**
**(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and**
**(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).**

**Findings/Faits saillants :**

1. The Licensee failed to comply with section 85 (3) and 85 (4)(a) of the LTCH Act 2007, related to the satisfaction survey results and the involvement of the Residents' Council in developing and carrying out the survey .

The President of the Residents' Council reported to the inspector that the licensee does not make the results of the satisfaction survey available to the Resident's Council and does not seek their advice.

The Administrator, acknowledged that the Home does not currently make the results of the satisfaction survey available to the Resident's Council and does not seek its advice in the implementation of corrective actions.

The President of the Residents' Council also reported to the inspector that the Licensee does not currently seek the advice of the Resident's Council in developing and in carrying out the survey and in acting on its results.

The Administrator, acknowledged that the Home does not formally seek the advice of the Resident's Council in developing and in carrying out the survey and in acting on its results.

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Issued on this 4th day of November, 2011

| Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs |
| --- |
| Colette Asselin, LTCH Inspector #134 |