



**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***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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

Telephone: 905-546-8294
Facsimile: 905-546-8255

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

☐ Licensee Copy/Copie du Titulaire			☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection October 21, 22, 2010	Inspection No/ d'inspection 2010_146_8571_21Oct185113	Type of Inspection/Genre d'inspection Critical incident H-01604	
Licensee/Titulaire Mennonite Brethren Senior Citizen's Home, 1 Tabor Drive, St Catharines, ON., L2N 1V9			
Long-Term Care Home/Foyer de soins de longue durée Mennonite Brethren Senior Citizen's Home, 1 Tabor Drive, St Catharines, ON., L2N 1V9			
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt #146, Debora Saville #192			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident inspection related to a resident who was left unattended in the bathroom and fell.			
During the course of the inspection, the inspectors spoke with: the Director of Care, the RAI coordinator and 1 registered staff.			
During the course of the inspection, the inspectors: reviewed the health file of the resident and reviewed the home's policies for bowel management and bladder and bowel assessment.			
The following Inspection Protocols were used during this inspection: Personal Support Services			
☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN			

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 LTCHC, 2007, S.O. 2007, c.8, s.6 (10)

(10)The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
 (b) the resident's care needs change or care set out in the plan is no longer necessary;

Findings:

1.According to progress notes from September 2010, the resident displayed new and ongoing signs of generalized weakness. The notes indicate the resident was becoming increasingly weak, and was now a 2 person transfer, unable to stand up alone up due to weakness. The August 2010written care plan was not revised to reflect the resident's changing needs, specifically the interventions for requiring 2 person assist due to weakness.

2. On October 22, 2010 in an interview, the Director of Care confirmed that there is confusion in the home related to the process of updating care plans when resident care needs change.

Inspector ID #: 146

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).