Ontario

# 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

**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

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| **Date(s) of inspection/Date de l'inspection** | **Inspection No/ d'inspection** | **Type of Inspection/Genre d'inspection** |
|---|---|---|
| **November 4, 2010** | 2010_146_2739_03Nov182424 | Complaint H-01184 |

**Licensee/Titulaire**
MNC Lifecare Group Inc., c/o Ernst and Young Inc., 222 Bay Street, TD Centre, PO Box 251, Toronto, ON., M5K 1J7

**Long-Term Care Home/Foyer de soins de longue durée**
Townsview Lifecare Centre, 39 Mary Street, Hamilton, ON., L8R 3L8

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

Barbara Naykalyk-Hunt, #146

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to a resident post-fall assessment/action.

During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care, a registered staff and one resident.

During the course of the inspection, the inspector: reviewed the resident's health file and met with the resident.

The following Inspection Protocols were used during this inspection: Falls

☒ 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.<br><br>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.<br><br>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. 24(9)**

**(9)The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,**
**(c) the care set out in the plan has not been effective**

**Findings:**

1. The resident was assessed by the staff nurse with pain, swelling, bruising and abrasions and inability to weight-bear from a reported fall. The re-assessments showed that the symptoms increased. The care provided was ineffective as evidenced by the increase in symptoms, but 24 hours after the initial assessment, the plan had not been revised to include a physician notification or a transfer to hospital. After 36 hours and a worsening of symptoms, the physician was notified of the injuries. The resident was sent to hospital.

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| **Signature of Licensee or Representative of Licensee**<br>**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.**<br>Barbara Reydaght Hart<br>Dec 15/2010 |
| **Title:** **Date:** | **Date of Report:** (if different from date(s) of inspection). |