



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

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

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

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

**Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch**
**Division de la responsabilisation et de la
performance du système de santé
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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, 8, 15, 2011	2011_051106_0021	Other

Licensee/Titulaire de permis

SIOUX LOOKOUT MENO-YA-WIN HEALTH CENTRE
Fifth Avenue South, PO Box 909, SIOUX LOOKOUT, ON, P8T-1B4

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

WILLIAM A. "BILL" GEORGE EXTENDED CARE FACILITY
75 FIFTH AVENUE, SIOUX LOOKOUT, ON, P8T-1K9

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

MARGOT BURNS-PROUTY (106)

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 Director of Care, Food Services Manager, Registered Nursing staff, Personal Support Workers, Activity Coordinator, and Residents.

During the course of the inspection, the inspector(s) Conducted a walk-through of all resident home areas and various common areas, observed care provided to residents in the home, reviewed electronic plans of care and progress notes, interviewed staff members and residents

The following Inspection Protocols were used during this inspection:

Residents' Council

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 56. Residents' Council
Specifically failed to comply with the following subsections:

s. 56. (1) Every licensee of a long-term care home shall ensure that a Residents' Council is established in the home. 2007, c. 8, s. 56 (1).

Findings/Faits saillants :

1. On November 3, 2011 at 1310hrs, the Activation Coordinator was interviewed by inspector 106. During this interview the Activation Coordinator reported that a Residents' Council is not currently established in the home. The licensee failed to ensure that a Residents' Council is established in the home. [LTCHA, 2007, S.O. 2007, c.8 s. 56. (1)](106)

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 a Residents' Council is established in the home, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system
Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. On November 3, 2011 at approximately 1430, a resident was observed by inspector 106 sleeping in their bed with the call bell clipped to its cord against the wall. The call bell was not easily accessible to the resident. On November 3, 2011 at 1435 hrs, a PSW, reported that the resident was not cognitively able to use their call bell. During the exit debriefing on November 3, 2011 at approximately 1500 hrs, the Team Lead, told inspector 106 that the resident is cognitively able to use their call bell and they should have had access to it. The licensee failed to ensure that the call bell was easily accessible to a resident, on November 3, 2011 at 1430 hrs. [O. Reg. 79/10, s. 17. (1) (a)] (106)
2. On November 3, 2011 at 1000 hrs, a resident, was observed by inspector 106, reclining in their wheelchair near the window in the center of their room. The call bell was clipped to its cord on the wall on the far side of the bed. The licensee failed to ensure that the call bell was easily accessible to a resident, on November 3, 2011 at 1000 hrs. [O. Reg. 79/10, s. 17. (1) (a)] (106)

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program
Specifically failed to comply with the following subsections:

- s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,**
- (a) the provision of supplies and appropriate equipment for the program;**
 - (b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;**
 - (c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;**
 - (d) opportunities for resident and family input into the development and scheduling of recreation and social activities;**
 - (e) the provision of information to residents about community activities that may be of interest to them; and**
 - (f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).**

Findings/Faits saillants :

1. On November 3, 2011, the Activation Coordinator provided inspector 106 copies of the activity calendars for August, September, October and November 2011. The only weekend activity provided for residents is Believer's Fellowship Hymn Sing, on the first Sunday of each month. On November 3, 2011 at 1310 hrs, the Activation Coordinator told inspector 106 that the home does not provide regular activities on the weekend. The licensee failed to ensure that recreation and social activities for residents are offered on weekends. [O. Reg. 79/10, s. 65 (2) (b)](106)

Issued on this 16th day of November, 2011

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

