



**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
prévue 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
Direction de l'amélioration de la performance et de la
conformité**

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
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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
Aug 4, 2011 and Aug 5, 2011	2011_054133_0011	Follow up

Licensee/Titulaire de permis

THE BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING WEST
100 Michaud Street, STURGEON FALLS, ON, P2B-2Z4

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

AU CHATEAU
100 MICHAUD STREET, STURGEON FALLS, ON, P2B-2Z4

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator and the Director of Care.

During the course of the inspection, the inspector(s) reviewed documentation related to the home's infection prevention and control program in the area of outbreak management. The inspector also reviewed the home's "sign-in-out log book" for the month of April 2011.

The following Inspection Protocols were used in part or in whole during this inspection:

Infection Prevention and Control

There are no findings of Non-Compliance as a result of this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Définitions WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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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.)

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.)

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 15th day of August, 2011

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

A handwritten signature in black ink that reads "Jessica Tropensee". The signature is fluid and cursive, with "Jessica" on top and "Tropensee" below it.



**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***

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Health System Accountability and Performance Division
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système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
August 4 th , 5 th , 2011	2011_054133_0011	Follow Up
Licensee/Titulaire de permis		
The Board of Management of the District of Nipissing West 100 Michaud Street, Sturgeon Falls, ON P2B-2Z4		
Long-Term Care Home/Foyer de soins de longue durée		
Au Château 100 Michaud Street, Sturgeon Falls, ON P2B-2Z4		
Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs		
Jessica Lapensée		

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
Order: The licensee shall ensure that the rights of residents to receive visitors of his or her choice are fully respected and promoted at all times including periods of	Compliance Order, Section 153 (1)(a)	2011_188_9502_05Apr1436 23	188



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infectious outbreaks, unless directed otherwise by order of the Public Health Unit.			
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Issued on this 15 day of August , 2011

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

A handwritten signature in black ink that reads "Jessica Lopensee".