



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

# Rapport d'inspection prevue 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

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

Téléphone: 705-564-3130  
Télécopieur: 705-564-3133

	<u>Licensee Copy/Copie du Titulaire</u>	<input checked="" type="checkbox"/> <u>Public Copy/Copie Public</u>
Date(s) of inspection/Date de l'inspection <b>September 13-14, 2010</b>	<b>Inspection No/ d'inspection</b> <b>2010_106_2620_13Sep115605</b>	<b>Type of Inspection/Genre d'inspection</b> <b>Mandatory Reprot</b>
<b>Licensee/Titulaire</b> Revera Long Term Care INC		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Birchwood Terrace		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Margot Burns-Prouty		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct a/an Mandatory Report inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of care and services, Manager of Environmental Services, Registered Practical Nurses, and Personal Support Workers.

During the course of the inspection, the inspector: Interviewed staff members, observed care provided to residents in facility, audited electronic plan of care, audited written plan of care, reviewed facility policies and procedures.

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

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

1 Finding of Non-Compliance was found during this inspection. The following action was taken:

1 WN  
0 VPC  
0 CO: CO #  
0 WAO: WAO #  
0 DR

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit

**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire

**DR** – Director Referral/Référer au directeur

**CO** – Compliance Order/Ordre de conformité

**WAO** – Work and Activity Order/Ordre de travail et d'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 constitue un avis écrit de l'exigences 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 **LTCHA, 2007, S.O. 2007, C. 8, S. 15(2)(a):**  
Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are kept clean and sanitary;

**Findings:**

**This was found not to be in compliance.**

**-On September 14, 2010, multiple chairs in the resident lounge on unit two were observed have deep ground in dirt and stains on the arms and stains on the seats.**

**-On September 14, 2010, multiple chairs in the resident lounge on unit three were observed have ground in dirt and stains on the arms and the seats.**

**Inspector ID #:** 106

**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).**



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