



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

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
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection March 17, 18, 2011	Inspection No/ d'inspection 2011_140_2781_17Mar095301	Type of Inspection/Genre d'inspection Complaint – Log T-074
Licensee/Titulaire Assured Care, 113 Yorkville Ave, Suite 300, Toronto, ON M5R1C1		
Long-Term Care Home/Foyer de soins de longue durée Collingwood Nursing Home 250 Campbell Street, Collingwood, ON L9Y 4J9		
Name of Inspector(s)/Nom de l'inspecteur(s) Sue McKechnie - #140		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection regarding Resident care.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Charge Nurse, RAI-Co-ordinator, and Personal Service Workers</p> <p>During the course of the inspection, the inspector: reviewed six Resident Charts.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Hospitalization and Death and Pain Inspection Protocols</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>[2] WN</p>		



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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/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 constitue 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 LTCHA, 2007, S.O. 2007, c. 8, s 6(1)(c)
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

- (c) Clear directions to staff and others who provide direct care to the resident.

Findings:

1. Pain was not addressed for an identified Resident on the written care plan.

Inspector ID #: 140

Additional Required Actions: none

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WN #2: The Licensee has failed to comply with LTCHA, 2007, S. O. 2007, c. 8, s 6(11)(b)

When a resident is reassessed and the plan of care reviewed and revised,

- (b) If the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Findings:

1. Resident records for an identified Resident indicated that on two occasions after 6 days with no bowel movement, suppositories were given. The Home did not reassess or revise the plan of care regarding the ongoing need for suppositories.

Inspector ID #: 140

Additional Required Actions: none



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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). <i>May 12, 2011</i>	