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
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Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 9, 2010	2010-137-907-08Sep151231	CIS 0907-000019-10 L-00970

Licensee/Titulaire
Omni Healthcare (Country Terrace) Limited
161 Bay Street, Suite 2430, TD Canada Trust Tower
Toronto, ON M5J 2S1

Long-Term Care Home/Foyer de soins de longue durée
Country Terrace
10072 Oxbow Drive, R.R. # 3
Komoka, ON N0L 1R0

Name of Inspectors /Nom de l'inspecteur(s)
Kim White and Marian C. Mac Donald - # 137

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care, PSW and resident.

During the course of the inspection, the inspectors: reviewed plan of care, incident report, Resident Abuse policy, behaviour mapping sheets and q15 minute visual checklists.

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse and Neglect

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

[2] WN
[2] VPC

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 constituer 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.3(1)2
3.(1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
2. Every resident has the right to be protected from abuse.

Findings: As identified in the CIS report, a resident was assaulted by another resident.

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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, related to resident's rights, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with : LTCHA, 2007, S.O 2007, c.8, s.6(7)
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings: For an identified resident in the CIS report, the care plan indicated that Q15 minute visual checks were being conducted. There was no documented evidence that the checks were being done. PSW was not aware that Q15 minute checks were to be conducted.

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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, related to plan of care, to be implemented voluntarily.

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. Marian C. MacDonald
Title: Date:	Date of Report: September 10, 2010