



**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
Direction de l'amélioration de la performance et de la
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 19, 2011	2011_171_9516_19Apr111025	H-00598, H-000789-11 Complaint
Licensee/Titulaire		
Corporation of the County of Dufferin, 151 Centre Street, Shelburne, ON L0N 1S4		
Long-Term Care Home/Foyer de soins de longue durée		
Dufferin Oaks, 151 Centre Street, Shelburne, ON L0N 1S4		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Elisa Wilson (#171)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection regarding resident care.		
During the course of the inspection, the inspector spoke with: the assistant director of resident care, the foodservices manager, registered staff, personal support workers and residents.		
The inspector observed lunch meal service and afternoon snack service for an identified resident on April 19, 2011. The inspector reviewed the plan of care for an identified resident.		
The following Inspection Protocols were used during this inspection: Nutrition and Hydration		
Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN		



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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/Référencement du 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 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 O.Reg. 79/10 s.69. 1. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
(1) A change of 5 per cent of body weight, or more, over one month.

Findings:

1. An identified resident had a recent 5% weight change over one month. The resident was reweighed as per policy which confirmed the weight change, however an assessment of the weight change had not been documented. This resident was assessed as being outside of the goal weight range in the previous dietary quarterly assessment.

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).