

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 20, 2020	2020_785732_0012	007323-20	Complaint

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**Licensee/Titulaire de permis**

Rural Healthcare Innovations Inc.  
533 Clarence Street P.O. Box 970 WINCHESTER ON K0C 2K0

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

Dundas Manor Nursing Home  
533 Clarence Street P.O. Box 970 WINCHESTER ON K0C 2K0

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

EMILY BROOKS (732)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 13, 2020 to July 16, 2020**

**Log #007323-20, related to dining and continence care, was inspected in this Complaint inspection.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Associate Director of Care (ADOC), the Resident and Family Care Coordinator, and Personal Support Workers (PSW).**

**The inspector also reviewed resident health care records and policies; as well as observed meal times in the dining room, the provision of care and services to residents, and staff and resident interactions.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Dining Observation  
Prevention of Abuse, Neglect and Retaliation**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

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1. The licensee has failed to ensure that interventions taken with respect to resident #001 under the Restorative Toileting Program were documented.

A complaint was made to the Director regarding the continence care and toileting of resident #001. Inspector reviewed resident #001's plan of care and noted that resident #001 was on a Restorative Toileting Program and was to be toileted at specified times. Both ADOC #104, and Family and Resident Care Coordinator #102, indicated that staff are to document on Point of Care (POC) when toileting is completed. Inspector #732 reviewed resident #001's toileting record on POC for the months of February, March, and April, 2020.

Due to COVID-19, an emergency was declared pursuant to Order in Council 518/2020 (Ontario Regulation 50/20) on March 17, 2020. A document, Order in Council: Order Under Subsection 7.0.2 (4) of the Act – Streamlining Requirements for Long-Term Care Homes, signed March 27, 2020, described that licensee's are not required to document information unless it involves an incident of a significant nature or is required to ensure the proper care and safety of a resident.

Therefore, from February 1, 2020 to March 16, 2020, prior to the above order, Inspector #732 noted incomplete documentation under resident #001's Restorative Toileting Program on the following dates:  
February 13, 17, 22, 23, and 28, 2020 and March 2, 7, 8, 10, 12, 13, 15, and 16, 2020.

Resident #002 was also on a Restorative Toileting Program and was to be toileted at specified times. Inspector reviewed POC documentation from February 1, 2020 to March 16, 2020 and noted incomplete documentation under resident #002's Restorative Toileting Program on the following dates:  
February 1, 2, 3, 4, 7, 9, 10, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 26, and 29, 2020 and March 1, 3, 6, 7, 8, 9, 10, 13, 14, 15, and 16, 2020.

Resident #003 was also on a Restorative Toileting Program and was to be toileted at specified times. Inspector reviewed POC documentation From February 1, 2020 to March 16, 2020 and noted incomplete documentation under resident #003's Restorative Toileting Program on the following dates:  
February 1, 3, 6, 7, 9, 14, 17, 19, 21, 22, 24, 25, 27, and 28, 2020 and March 2, 4, 6, 7, 8, 9, 10, 12, 15, and 16, 2020. [s. 30. (2)]

***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 to ensure that interventions taken with respect to a resident under a program are documented, to be implemented voluntarily.***

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**Issued on this 23rd day of July, 2020**

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

**Original report signed by the inspector.**