



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 October 6, 2010	Inspection No/ d'inspection 2010-144-2842-06Oct112513	Type of Inspection/Genre d'inspection Complaint L-01184
Licensee/Titulaire Extendicare Inc., 300 Steeles Ave., Suite 700, Markham, ON L3R 9W2		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Southwood Lakes, 1255 North Talbot Road, Windsor, ON N9G 3A4		
Name of Inspector(s)/Nom de l'inspecteur(s) Carolee Milliner		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector interviewed 5 residents, the Administrator, DOC, 2 RPN's & 5 PSW's.</p> <p>During the course of the inspection, the inspector reviewed 15 resident clinical records, observed 2 resident transfers by mechanical lift & reviewed the home policy & procedure related to Mechanical Lifts.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:</p> <p>Safe & Secure Home Environment</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WIN 1 VPC</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/Référance au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: 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 O. Reg. 79/10, s8(1)(b)

Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with.

Findings:

1. The plan of care for two residents identify these residents are transferred by mechanical lift with assistance of two staff. Both residents on interview stated two staff are not always present during their transfers by mechanical lift. The home Mechanical Lift Policy #01-03, last reviewed May 2009, identifies two staff are required at all times during mechanical lift transfers.

Inspector ID #: 144

Additional Required Actions:

VPC-pursuant LTCHA, 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 the home Mechanical Lift policy is complied with, 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.
Title: _____	Date: _____

G. Miller
Date of Report: October 28, 2010