



**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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection August 25, 2010	Inspection No/ d'inspection 2010_121_9526_24Aug194710	Type of Inspection/Genre d'inspection Complaint L-00556
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Licensee/Titulaire
Corporation of the County of Bruce
671 Frank St., Wiarton, ON N0H 2T0

Long-Term Care Home/Foyer de soins de longue durée
Gateway Haven
671 Frank St., Wiarton ON N0H 2T0

Name of Inspector(s)/Nom de l'inspecteur(s)
Elizabeth Elvidge (121)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: The Administrator, the Director of Care, and the RAI Coordinator.

During the course of the inspection, the inspector: Reviewed the chart, the progress notes, the assessments and the Plan of Care.

The following Inspection Protocols were used in part or in whole during this inspection:
Falls Prevention and Management Program
Responsive Behaviours
Pain Management

There are no findings of Non-Compliance as a result of this inspection.

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.

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-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.)

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 2009, 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, clear directions to staff and others who provide direct care to the resident.

Findings:

The plan of care states he ambulates independently and does not identify the periodic use of a wheelchair for transportation.

The Plan of Care does not include any strategies to manage the pain in the resident's left leg.

Inspector ID #: 121

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 the plan of care provides clear directions to the staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.52(2)
Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Findings:

Progress notes from July 13/10 onward indicate the resident having pain in his left leg. No pain assessment completed using a clinically appropriate assessment tool.

Inspector ID #: 121

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 pain assessments are completed on an appropriate assessment tool, to be implemented voluntarily.



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Long-Term Care

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d'inspection prévue
le Loi de 2007 les
foyers de soins de
longue durée

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. <i>Elizabeth Ellridge</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>September 1/10</i>	