



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

**Rapport d'inspection  
prévues 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  
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Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> Sept. 27-28, 2010	<b>Inspection No/ d'inspection</b> 2010_124_2728_27Sep08564 7	<b>Type of Inspection/Genre d'inspection</b> Complaint-Log # O-000675
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**Licensee/Titulaire**  
Gibson Holdings (Ontario) Ltd., 343 Amherst Drive, Amherstview ON K7N 1X3 Fax: 613-384-9407

**Long-Term Care Home/Foyer de soins de longue durée**  
Helen Henderson Nursing Home, 343 Amherst Drive, Amherstview, ON K7N 1X3 Fax: 613-384-9407

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Lynda Hamilton (124)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection with regards to continence care and nutritional care related to an identified resident.

During the course of the inspection, the inspector spoke with the administrator, the Director of Care, a registered nurse, four Personal Support Workers and the resident.

During the course of the inspection, the inspector observed the lunch and supper meals on September 27, 2010 and breakfast on September 28, 2010, observed the resident during the afternoon of September 27, 2010 and reviewed the resident's health record

The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management, Nutrition and Hydration

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

1 WN



**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

<p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> <p>Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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>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.</p> <p>Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue durée</i> 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.</p>
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**WN #1:** The Licensee has failed to comply with: O. Reg. 79/10 s. 50 (2) Every licensee of a long-term care home shall ensure that,  
 (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,  
 (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment

**Findings:**

1. On September 21, 2010 a personal support worker identified that the resident had altered skin integrity. As of September 27, 2010 the resident had not received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

**Inspector ID #:** 124

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p><i>[Handwritten Signature]</i></p>
<p><b>Title:</b></p>	<p><b>Date:</b></p>
<p><b>Date of Report:</b> (if different from date(s) of inspection). <i>December 30<sup>th</sup> 2010</i></p>	