



**Ministry of Health and  
Long-Term Care**

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**  
**Division des foyers de soins de  
longue durée**  
**Inspection de sions de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

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

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

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du apport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|---|---|--------------------------------|--|
| Jun 1, 2016                                   | 2016_389601_0011                              | 034953-15                      | Follow up  |

**Licensee/Titulaire de permis**

HALIBURTON HIGHLANDS HEALTH SERVICES CORPORATION  
7199 Gelert Road Box 115 HALIBURTON ON K0M 1S0

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

HIGHLAND WOOD  
7199 Gelert Road P.O. Box 115 HALIBURTON ON K0M 1S0

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

KARYN WOOD (601)

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



**Ministry of Health and  
Long-Term Care**

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

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

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

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): May 30 and 31, 2016.**

**Follow up log #034953-15 for inspection #2015\_195166\_0026, order #001. O.Reg. 79/10, s. 107. (3), informing the Director no later than one business day after the occurrence of an incident that causes an injury to a resident that resulted in a significant change in the resident health condition and for which a resident is taken to hospital.**

**During the course of the inspection, the inspector(s) spoke with the Acting Administrator, the Acting Director of Care (ADOC), RAI Coordinator (RAI), Registered Practical Nurses (RPN), Personal Support Workers (PSW). The inspectors also conducted a tour of the home, observed staff to resident interaction, reviewed resident health care records, the homes census and falls record, and the applicable policy.**

**The following Inspection Protocols were used during this inspection:  
Critical Incident Response**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**



**Ministry of Health and  
Long-Term Care**

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

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

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

| <b>REQUIREMENT/<br/>EXIGENCE</b> | <b>TYPE OF ACTION/<br/>GENRE DE MESURE</b> | <b>INSPECTION # /<br/>DE L'INSPECTION</b> | <b>NO</b> | <b>INSPECTOR ID #/<br/>NO DE L'INSPECTEUR</b> |
|----------------------------------|--|---|-----------|---|
| O.Reg 79/10 s.<br>107. (3)       | CO #001                                    | 2015_195166_0026                          | 601       |   |
| O.Reg 79/10 s. 26.               | WN   | 2015_195166_0026                          | 601       |   |

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

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Legendé**

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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).

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



**Ministry of Health and  
Long-Term Care**

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

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

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

**Issued on this 1st day of June, 2016**

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

**Original report signed by the inspector.**