



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

**Rapport d'inspection
prévus 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

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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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 26, 2010	2010_170_1975_26Aug104319	Complaint (L-00526)

Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, Ontario L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Hillside Manor, Hwy. 8, 5066 Perth E. Line 34, RR #5 Stratford, Ontario N5A 6S6

Name of Inspector(s)/Nom de l'inspecteur(s)
Dianne Wilbee, LTC Homes Inspector, ID# 170

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection relating to missed baths .

During the course of the inspection, the inspector spoke with: Executive Director, RAI Coordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Residents, Family.

During the course of the inspection, the inspector: Reviewed documentation related to residents' baths, toured tub/shower rooms, reviewed Residents' Records, reviewed Policies, reviewed staff record of absence/variance.

The following Inspection Protocols were used in part or in whole during this inspection:
Dignity, Choice and Privacy

1 Finding of Non-Compliance was found during this inspection. The following action was taken:

1 WN
1 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.

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 constituer 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, s. 33(1)

Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:

The August 2010 records for missed baths located on all home areas indicated forty residents had missed a scheduled bath in this month. No documentation, as required, on the missed bath record indicated an attempt to complete the baths. Documentation on observation flow sheets also did not support completion of the baths. Two cognitively well residents had voiced concerns with the lack of provision of their scheduled baths.

Inspector ID #: 170

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 with the requirement to ensure each resident is bathed at minimum twice weekly according to the resident's requirements and choice, to be implemented voluntarily.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

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.

Dianne Skilbee

Title: **Date:**

Date of Report: (if different from date(s) of inspection).

September 8, 2010