

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

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé Direction de l'amélioration de la performance et de la conformité London Service Area Office 291 King Street, 4th Floor LONDON, ON, N6B-1R8 Telephone: (519) 675-7680 Facsimile: (519) 675-7685 Bureau régional de services de London 291, rue King, 4iém étage LONDON, ON, N6B-1R8 Téléphone: (519) 675-7680 Télécopieur: (519) 675-7685

## Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Type of Inspection / Registre no Genre d'inspection
Mar 21, 2013	2013_206115_0012	L-000127-13 Complaint

## Licensee/Titulaire de permis

DEVONSHIRE ERIN MILLS INC.

195 DUFFERIN AVENUE, SUITE 800, LONDON, ON, N6A-1K7

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

LONGWORTH LONG TERM CARE FACILITY 590 Longworth Road, LONDON, ON, N6K-4X9

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

TERRI DALY (115)

## Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 6, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, one Registered Practical Nurse, two Personal Support Workers and three residents.

During the course of the inspection, the inspector(s) reviewed the home's staffing plan, staff schedules, the clinical records of three residents and policies and procedures related to the complaint.

The following Inspection Protocols were used during this inspection: Personal Support Services



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

## **Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES		
Legend	Legendé	
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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.)	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.	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non- respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.	

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants:



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

1. A review of 3 resident clinical records including the February 2013 point of care flow records reveals that documentation related to the residents receiving a bath/shower 2 times per week was incomplete.

These three residents verified that they had missed scheduled baths in February and a make up bath was not offered.

A Personal Support Worker on the unit verified that the three residents were cognitive, interviewable, and reliable.

The Registered Practical Nurse and the Director of Care verified that if the bath was not documented that it was not completed. [s. 33. (1)]

Issued on this 21st day of March, 2013

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