



**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**

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

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

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

<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 24, 2010	2010-137-2878-24Sep091043	Complaint L-01007
Licensee/Titulaire		
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/Nom de l'inspecteur		
Marian C. Mac Donald - # 137		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Complaint inspection related to resident assault.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, DOC, ADOC, Specialized Geriatric Services Outreach Nurse, registered staff and PSW's.</p> <p>During the course of the inspection, the inspector: reviewed resident records and observed residents.</p> <p>The following Inspection Protocol was used during this inspection: Responsive Behaviour</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>		



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.53(4)(c)
The licensee shall ensure that, for each resident demonstrating responsive behaviours, (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

Findings:

1. For the resident identified in the CIS, there were documented incidents of physical aggression towards various residents and staff and there is no documented evidence of assessments and reassessments related to the resident's responsive behaviours, following these incidents.
2. There is no documented evidence of the resident's responses to interventions, following these incidents.

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, related to assessments, reassessments, interventions and resident's responses for responsive behaviours, to be implemented voluntarily.

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.

Marian C. McDonald

Title: Date:

Date of Report: September 28, 2010