



**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

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**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

Dates of inspection/Date de l'inspection April 27-29, 2011	Inspection No/ d'inspection 2011_188_2667_27Apr142657	Type of Inspection/Genre d'inspection Critical Incident S-001215-11, 2667-000002-11
Licensee/Titulaire 584482 Ontario Inc., 689 Yonge Street, Midland, ON, L4R 2E1, FAX: 705-528-0023		
Long-Term Care Home/Foyer de soins de longue durée Manitoulin Lodge, 3 Main Street, PO Box 648, Gore Bay, ON, P0P 1H0, FAX: 705-282-3422		
Name of Inspector/Nom de l'inspecteur Melissa Chisholm (#188)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Director the Care (DOC), registered nursing staff, personal support workers (PSW)</p> <p>During the course of the inspection, the inspector: conducted a walk through of the home, reviewed the clinical record of the resident named in the critical incident and observed the care of residents and interactions between staff and residents.</p> <p>The following Inspection Protocols were used during this inspection: Falls Prevention</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN</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.24(9)(a) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when, (a) the resident's care needs change.

Findings:

1. Inspector reviewed the health care record for a resident. Progress notes for this resident identify a change in the resident's care needs related to transferring. Inspector noted that the resident was not reassessed and the care plan reviewed following the documented change in care needs related to transferring. The licensee failed to ensure the resident was reassessed and the care plan reviewed and revised when the care needs of the resident change.

Inspector ID #: 188

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.

Title:

Date:

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

June 9, 2011