



**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**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 10, 2015	2015_270531_0020	O-002224-15	Follow up

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### **Licensee/Titulaire de permis**

OMNI HEALTH CARE LIMITED PARTNERSHIP  
1840 LANSDOWNE STREET WEST UNIT 12 PETERBOROUGH ON K9K 2M9

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

MAPLEWOOD  
12 MAPLEWOOD AVENUE BOX 249 BRIGHTON ON K0K 1H0

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

SUSAN DONNAN (531)

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

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

This inspection was conducted on the following date(s): August 4, 5 and 6, 2015

During the course of the inspection, the inspector(s) spoke with Three Residents, Personal Support Workers, Registered Practical Nurse, Registered Nurse, Physiotherapy aide and the Administrator.

During the course of the inspection the inspector observed resident care, reviewed mandatory education material and Restraint policy and procedures.

The following Inspection Protocols were used during this inspection:  
Minimizing of Restraining

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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 221. (1)	CO #001	2015_347197_0019		531



**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
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

Issued on this 10th day of August, 2015

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

**Original report signed by the inspector.**