



**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 16, 2013	2013_183135_0013	L-000269-13	Critical Incident System

Licensee/Titulaire de permis

**CORPORATION OF THE COUNTY OF LAMBTON
789 Broadway Street, WYOMING, ON, N0N-1T0**

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

**MARSHALL GOWLAND MANOR
749 DEVINE STREET, SARNIA, ON, N7T-1X3**

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 14-15, 2013

During the course of the inspection, the inspector(s) spoke with Resident Manager, Resident Care Supervisor, Dietary Services Supervisor, Registered Nurse, Life Enrichment Aide, 4 Registered Practical Nurses and 3 Health Care Aides.

During the course of the inspection, the inspector(s) reviewed critical incident, related internal investigations, resident clinical records, policies and procedures for falls and nutrition and hydration and related staff training. Observations of residents were conducted in a resident home area.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.)

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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The home failed to ensure that the resident's responses to interventions were documented as evidenced by the following:

Resident's plan of care states to monitor and record daily fluid intake. Record review of Dietary Flow sheets for one month, revealed resident's fluid intake for snack was not recorded 77.4% of the time.

Resident Care Supervisor, confirmed her expectation that resident's response to snack interventions are documented. [s. 30. (2)]



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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 ensuring that resident's responses to food and fluid
interventions are documented, to be implemented voluntarily.***

Issued on this 16th day of May, 2013

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

A handwritten signature in black ink that reads "Bonnie Mac Donald".