



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
révisé 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

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date of inspection/Date de l'inspection May 17, 2011	Inspection No/ d'inspection 2011_112_2614_17May092018	Type of Inspection/Genre d'inspection L-000619-LO Complaint
Licensee/Titulaire peopleCare Inc.28 William St. N. P.O. Box 460 Tavistock ON N0B 2R0		
Long-Term Care Home/Foyer de soins de longue durée peopleCare Inc.28 William St. N. P.O. Box 460 Tavistock ON N0B 2R0		
Name of Inspector/Nom de l'inspecteur Carole Alexander #112		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to lack of resident nursing care provisions. During the course of the inspection, the inspector spoke with the Director of Care, Administrator and a Registered Nurse. During the course of the inspection, the inspector reviewed the resident clinical record. The following Inspection Protocols were used in part or in whole during this inspection: Personal Care and Support Services ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 1WN		

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



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

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 LTCHA, 2007 S.O. c. 8, s.3. (1) 4. Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

Findings:

A resident was not cared for in a manner consistent with care needs for bathing and hydration.

On April 16, 2011 the resident's family observed resident to be unclean and having an unpleasant odour and hair not washed and resident's gown not having been changed since the previous day. As well, an individualized approach for fluid intake was not developed and or provided when the residents fluid intake changed.

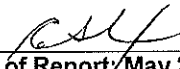
Inspector ID #: 112

nature 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/ May 25, 2011