



# 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

## Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du  
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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 20, 2010	Inspection No/ d'inspection 2010_103_9569_20Sep133616	Type of Inspection/Genre d'inspection Complaint Log #O-000841
<b>Licensee/Titulaire</b> The Corporation of the City of Kingston, 216 Ontario St., Kingston, ON K7L 2Z3		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Rideaucrest Home, 175 Rideau St., Kingston, ON K7K 3H6 Fax# 613-530-2823		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Darlene Murphy (ID#103)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection related to the continence care needs of a resident, and staffing concerns in the areas of Director of Care, Resident Care Coordinator, Life Enrichment Worker and Personal Support Workers.		
During the course of the inspection, the inspector spoke with Supervisor of Life Enrichment and Volunteer Services, Director of Care, 3 Personal Support Worker staff, 1 Registered Practical Nurse		
During the course of the inspection, the inspector did walkthroughs on the unit to observe resident care and reviewed the resident health care record of 1 resident.		
The following Inspection Protocols were used during this inspection:		
<ul style="list-style-type: none"><li>• Continence Care and Bowel Management</li><li>• Sufficient Staffing</li></ul>		
<input type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN		



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## NON- COMPLIANCE / (Non-respectés)

### Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement 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 constitue 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 Ont. Regs 79/10 s.51

(2) Every Licensee of a long-term care home shall ensure that,  
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable

### Findings:

1. A resident's wheelchair cushion cover was found to have "a stench of urine odor".
2. Personal support worker staff was unable to recall a specific incident when this resident had been incontinent of urine to the extent of requiring a full brief and clothing change. They did, however, confirm residents on occasion have been incontinent of urine to the point where a full clothing change has been required.

Inspector ID #: 103

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: _____

Dec-14/10 Darlene Murphy