



**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  
système de santé  
Direction de l'amélioration de la performance et de la  
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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 23, 2010	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
		2010_169_2762_23Sep122113	Log # H-00467
<b>Licensee/Titulaire</b> <b>Shelburne Nursing Home, Vision of Provincial Nursing Home Limited Partnership</b> 1090 Morand Street Windsor, ON N9G 1J6 FAX 519 966 3002			
<b>Long-Term Care Home/Foyer de soins de longue durée</b>  Shelburne Residence Provincial Nursing Home Limited Partnership 200 Robert Street Shelburne ON L0N 1S1 FAX 519 925 1476			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>  Yvonne Walton ID#169			
<b>Inspection Summary/Sommaire d'inspection</b>			



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The purpose of this inspection was to conduct a critical incident inspection related to a medication error.

During the course of the inspection, the inspector spoke with the administrator, director of care and nursing staff.

During the course of the inspection, the inspector interviewed staff, reviewed medication incident report, conducted a clinical review and attempted to interview the resident.

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN  
1 VPC

## 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 LTCHA, 2007, c.8, s.6(2). The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

### Findings:

An identified resident was admitted to the home and provided with a medication they did not need for their medical condition. The lack of assessment provided by the home resulted in the resident being transferred to hospital for treatment. The staff did not complete an accurate assessment of the residents care needs resulting in injury.

Inspector ID #: 169



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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 with, ensuring the plan of care is based on an assessment and the needs and preferences of the identified resident and all other residents, to be implemented voluntarily.

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).

*Y Walker  
Feb 6/11*