



**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 | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection | |
| November 10, 2010 | 2010_171_1064_10Nov104508 | L-01197 Complaint | |
| Licensee/Titulaire | | | |
| Diversicare Canada Management Services Co., Inc., 2121 Argentia Road, Suite 301, Mississauga, L5N 2X4 | | | |
| Long-Term Care Home/Foyer de soins de longue durée | | | |
| Tilbury Manor Nursing Home, 16 Fort Street, P.O. Box 160, Tilbury, ON N0P 2L0 | | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) | | | |
| Elisa Wilson, LTC Homes Inspector, Dietary (#171) | | | |
| Inspection Summary/Sommaire d'inspection | | | |
| The purpose of this inspection was to conduct a complaint inspection regarding staffing hours in foodservices. | | | |
| During the course of the inspection, the inspector spoke with: the administrator and the foodservices manager. | | | |
| The inspector reviewed the staffing schedules for the foodservice workers, foodservice manager and registered dietitian. | | | |
| The following Inspection Protocols were used during this inspection: Sufficient Staffing | | | |
| <input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: | | | |
| 1 WN 1 VPC | | | |



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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/Référance envoyée

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de 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 O.Reg. 79/10, s.77 (4)(a). A licensee of a long-term care home that was operated under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act immediately before the coming into force of this section is not required to comply with subsection (1) until six months after the day this section comes into force, but until the licensee is in compliance, the licensee is required to continue to comply with the applicable requirements under, (a) sections 61 and 61.1 of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the Nursing Homes Act;

Findings:

1. The current foodservice worker staffing hours are 1.5 hours short per day of the minimum requirement. Currently foodservice staff are scheduled for 30 hours per day, however the requirements are for 31.5 hours per day.

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 to ensure adequate staffing hours for foodservice workers, 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).

Nov. 19, 2010