



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

**Rapport d'inspection  
prévues 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

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**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		
<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
November 8 and 9, 2010	2010_147_2881_08Nov141058	Complaint – H-01769
<b>Licensee/Titulaire</b> Oakwood Retirement Communities Inc. 325 Max Becker Drive Suite 201 Kitchener, ON N2E 4H5		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> The Village of Erin Meadows 2930 Erin Center Boulevard Mississauga, Ontario L5M 7M4		
<b>Name of Inspector</b>  Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct a Complaint inspection related to improper care and treatment by the home's staff.

During the course of the inspection, the inspector spoke with:

Director of Care, Assistant Director of Care, RAI Coordinator, Administrator, staff and resident.

During the course of the inspection, the inspector:

Reviewed health care records, reviewed policy and procedures related to safe transfers and lifts, reviewed personnel file of staff member involved in the incident, reviewed internal incident report and home's investigation report related to the incident, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

Fall Prevention  
Personal Support Services

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 with – LTCHA, 2007, S.O. 2007, c.8, s. 6(7)

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

#### Findings:

An identified resident's plan of care in August 2010 provided specific plan to ensure the resident's safety during toileting. However in September 2010, while being toileted, the interventions on the plan of care were not followed, resulting in injury to the resident.



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Inspector ID #:	147
VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 all the residents care set out in the plan of care are provided as specified in the plan, 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.
	Feb 10/11
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).