

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 9, 2020	2019_717531_0038	019452-19	Complaint

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**Licensee/Titulaire de permis**

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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**Long-Term Care Home/Foyer de soins de longue durée**

West Lake Terrace

1673 County Road, #12, R. R. #1 PICTON ON K0K 2T0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SUSAN DONNAN (531)

**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): December 11, 12, 13, 16 and 17, 2019.**

**The following intake was inspected:  
Log #019452-19 related to personal support services.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the RAI- Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and residents.  
During the course of the inspection the inspector reviewed resident health care records, observed resident care and services, reviewed a bath audit, and bathing procedures and practices.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**  
**Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that each resident of the home is bathed, at a minimum,

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twice a week by the method of his or her choice.

During an interview with Inspector #531 on specified date, resident #001 indicated they didn't get their preference selection for bathing twice weekly consistently. Resident #001 stated their scheduled days were Monday and Thursdays each week but there were many times they wouldn't be bathed because the staff were working short and they didn't have time to do it. The resident indicated they were not offered an alternate day, they would wait until their next scheduled day. Resident # 001 indicated that this was not acceptable and was upsetting to them.

During an interview with Inspector #531 on a specified date, resident #004 indicated they were to receive two baths per week but often didn't get them both. Resident #004 indicated they do not get their preferred method of choice consistently. The resident stated they bed bath themselves when staff are short and wait for their next scheduled bath.

Resident #002, told inspector #531 that there were times over the past six weeks they were not bathed twice weekly by their method of choice, and a "wash" was not the same.

Inspector #531 reviewed a random selection of residents health care records, specifically the flow charting which indicated when a resident was bathed for a six week period. The inspector found that six residents (#001, 002, 004, 007, 008, 005) had no documentation for 1, or 2 of their 2 scheduled weekly shower or baths. There was no further documentation of their preference selections being offered for an alternate day or any indication that these residents had refused.

PSWs #103,104,105,106,107,108 and RPN #100 were interviewed related to bathing. Collectively, they indicated that each resident was scheduled to be bathed twice weekly by their method of choice. When asked by the inspector if there were times that a resident wouldn't get their preferred bath they stated that if they were short-staffed, some residents might not get their preferred bath, or offered an alternate day.

PSW #107 and 108 told inspector #531 that on particular date while on duty they worked short and residents #001, 002, 004, 005, 006 and 007 did not receive their scheduled preferred bath. Both further indicated that residents only received a partial bed bath; they were not offered an alternate day.

During an interview with inspector #531 on December 17, 2019, the Administrator/  
Director of Care (DOC) stated that when the staff were working short, the expectation

was that if they were unable to get a scheduled bath or shower done for a resident, they would offer a bed bath or reschedule the bath or shower for an alternate day. The Administrator acknowledged that residents of the home were not bathed at a minimum, twice weekly.

The licensee failed to ensure that each resident of the home was bathed, at a minimum, twice a week by the method of his or her choice. [s. 33. (1)]

***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 that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

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Issued on this 9th day of January, 2020

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**