



**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

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**Ministère de la Santé et des Soins de  
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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
August 16-18, 2010	2010_124_997_16Aug065308	Complaint-Log # 0894
<b>Licensee/Titulaire</b>		
Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner 1840 Lansdowne Street West, Unit 12, Peterborough, ON K9K 2M9 Fax: 705-742-9197		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
West Lake Terrace, 1673 County Road 12, R.R.#1, Picton, ON K0K 2T0 Fax: 613-393-2057		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Lynda Hamilton (124)		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection regarding resident rights, continence care and skin and wound care.</p> <p>During the course of the inspection, the inspector spoke with Mary Lynn Lester (Administrator/Director of Care), two registered nurses, one registered practical nurse, two personal support workers and the resident.</p> <p>During the course of the inspection, the inspector completed a walking tour of the home on August 16 &amp; 17, 2010 and observed the care delivered during the lunch meal on Aug. 16, 2010. The resident's health record was reviewed and the home's policy and procedure related to skin and wound care was reviewed.</p> <p>The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation, Continence Care and Bowel Management and Skin and Wound Care.</p> <p><input type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>2 WN 1 VPC</p>		



**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:**

1. The resident was admitted to the home with skin breakdown.
2. The resident's plan of care stated that the area of skin breakdown was to be assessed weekly and as needed with each dressing change.
3. For the period of June22-August 5, 2010 there were no weekly wound assessments.
4. The resident and two personal support workers reported that the resident had pain during morning care.
5. The resident's plan of care stated to administer analgesics prior to exercise or activity.
6. From August 1-17, 2010, the resident did not receive analgesic prior to morning care 7/17 times. This did not meet the care plan expectation of analgesic before exercise or activity.

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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 meeting the requirement that this resident receives care as specified in his/her plan of care, to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s.3(1) Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

**Findings:**

1. The resident reported to the inspector that he/she was told by the staff that he/she could not wear underwear but his/her preference was to wear underwear.
2. The resident reported that he/she was uncomfortable while sitting in his/her wheelchair without



underwear.

3. Three personal support workers reported that the resident did not wear a brief or underwear but was covered with a lap blanket when sitting up in his/her wheelchair.
4. Not respecting the resident's preference and leaving the resident unclothed did not recognize his/her individuality or respect his/her dignity.
5. During a telephone conversation of October 20, 2010, Mary Lynn Lester, the Administrator reported that the resident has been wearing underwear/brief since August 19, 2010. Staff was redirected on August 18, 2010.

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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.	
		<i>Lynda Hamilton</i>	
Title:	Date:	Date of Report. (if different from date(s) of inspection).	
		<i>Oct. 20, 2010</i>	