



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MELISSA CHISHOLM (188)
Inspection No. / No de l'inspection :	2011_099188_0016
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Sep 27, 28, Oct 11, 12, 17, 2011
Licensee / Titulaire de permis :	WIKWEMIKONG NURSING HOME LIMITED 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0
LTC Home / Foyer de SLD :	WIKWEMIKONG NURSING HOME 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	ROSELLA KINGSHAMES ^{re.} Elizabeth Cooper

To WIKWEMIKONG NURSING HOME LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /	Order Type /
Ordre no : 001	Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

- O.Reg 79/10, s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:
1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.
 2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
 3. The type and level of assistance required relating to activities of daily living.
 4. Customary routines and comfort requirements.
 5. Drugs and treatments required.
 6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
 7. Skin condition, including interventions.
 8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).

Order / Ordre :

- The licensee must ensure that the care plan for identified residents, and all new admissions includes, at a minimum, the following:
1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.
 2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
 3. The type and level of assistance required relating to activities of daily living.
 4. Customary routines and comfort requirements.
 5. Drugs and treatments required.
 6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
 7. Skin condition, including interventions.
 8. Diet orders, including food texture, fluid consistencies and food restrictions.

Grounds / Motifs :



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

1. Inspector reviewed the health care record including care plan for two newly admitted residents. Inspector noted that the Morse fall scale was completed for both these residents and identified both residents at a high risk for falls. Progress notes confirmed these residents at a high risk for falls. Inspector noted the care plans for both residents fails to identify the resident's risk of falls and provide interventions to mitigate this risk. The licensee failed to ensure the care plan includes any risk the resident may pose to them-self, including any risk of falling, and interventions to mitigate those risks. [O.Reg. 79/10, s.24(2)(1)] (188)
2. Inspector reviewed the health care record including care plan a newly admitted resident. Inspector noted the progress note following admission to the home identifies the resident as a smoker and safety concerns related to smoking. Inspector noted multiple documented concerns beginning the evening of the resident's admission related to safety concerns. Inspector noted that the care plan fails to identify this risk the resident may poses to them-self. The licensee failed to ensure the care plan includes risks the resident poses to them-self and interventions to mitigate those risks. [O.Reg. 79/10, s.24(2)(1)] (188)
3. Inspector reviewed the health care record including care plan a newly admitted resident. Inspector noted that completed Braden Skin assessment identifies this resident at high risk for skin breakdown. Inspector noted that the progress note completed following admission confirm the high risk for skin breakdown and identify some skin integrity issues. Inspector noted that the care plan does not include any information related to the skin condition and interventions. The licensee failed to ensure the care plan includes the resident's skin condition including interventions. [O.Reg. 79/10, s.24(2)(7)] (188)
4. Inspector reviewed the health care record including care plan a newly admitted resident. Inspector noted that progress notes indicates this resident as having personal preferences and customary routines. Inspector reviewed the care plan which does not identify these personal preferences and customary routines. The licensee failed to ensure the care plan includes customary routines and comfort requirements. [O.Reg. 79/10, s.24(2)(4)] (188)
- ~~5. (188) me~~

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 17, 2011

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

The licensee shall ensure that the procedures which are developed for monitoring water temperatures are implemented. The licensee shall ensure that the temperature is monitored once per shift in random locations where residents have access to hot water.

Grounds / Motifs :

1. Inspector reviewed the home's hot water monitoring documentation from September 1st, 2011 until September 28, 2011. Inspector noted that temperature was not recorded on nine different day shifts, four different evening shifts and six night shifts during this time period. The licensee failed to ensure that the water temperature is monitored once per shift in random locations where residents have access to hot water. (188)

2. During an inspection on April 28-29, 2011 by inspector #133 the following was identified. As stated to the inspector by the administrator/director of care, it is expected that the registered nursing staff are to monitor and record the hot water temperature once per shift in a random location where residents have access to hot water. The maintenance supervisor also monitors and records hot water temperatures during his shift of 7am-3pm. The inspector viewed the maintenance supervisor's and registered nursing staff's hot water monitoring documentation for April 2011. Hot water temperatures were not recorded for 12 evening shifts. Hot water temperatures were not recorded for 7 night shifts. Hot water temperatures were not recorded by the registered nursing staff for 14 day shifts however the maintenance supervisor did record hot water temperatures on 7 of those day shifts. (188)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 17, 2011



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 17th day of October, 2011

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

MELISSA CHISHOLM

**Service Area Office /
Bureau régional de services :**

Sudbury Service Area Office



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 27, 28, Oct 11, 12, 17, 2011	2011_099188_0016	Follow up

Licensee/Titulaire de permis

WIKWEMIKONG NURSING HOME LIMITED
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0

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

WIKWEMIKONG NURSING HOME
2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P-2J0

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

MELISSA CHISHOLM (188)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, Registered Nursing staff, Personal Support Workers, the Maintenance Supervisor, front office staff and residents.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, reviewed various policies and procedures, reviewed resident's health care records and observed meal service.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Responsive Behaviours

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following subsections:

s. 24. (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

- 1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.**
- 2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.**
- 3. The type and level of assistance required relating to activities of daily living.**
- 4. Customary routines and comfort requirements.**
- 5. Drugs and treatments required.**
- 6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.**
- 7. Skin condition, including interventions.**
- 8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).**

Findings/Faits saillants :

1. Inspector reviewed the health care record including care plan a newly admitted resident. Inspector noted that progress notes indicates this resident as having personal preferences and customary routines. Inspector reviewed the care plan which does not identify these personal preferences and customary routines. The licensee failed to ensure the care plan includes customary routines and comfort requirements. [O.Reg. 79/10, s.24(2)(4)]
2. Inspector reviewed the health care record including care plan a newly admitted resident. Inspector noted that completed Braden Skin assessment identifies this resident at high risk for skin breakdown. Inspector noted that the progress note completed following admission confirm the high risk for skin breakdown and identify some skin integrity issues. Inspector noted that the care plan does not include any information related to the skin condition and interventions. The licensee failed to ensure the care plan includes the resident's skin condition including interventions. [O.Reg. 79/10, s.24(2)(7)]
3. Inspector reviewed the health care record including care plan for two newly admitted residents. Inspector noted that the Morse fall scale was completed for both these residents and identified both residents at a high risk for falls. Progress notes confirmed these residents at a high risk for falls. Inspector noted the care plans for both residents fail to identify the resident's risk of falls and provide interventions to mitigate this risk. The licensee failed to ensure the care plan includes any risk the resident may pose to them-self, including any risk of falling, and interventions to mitigate those risks. [O.Reg. 79/10, s.24(2)(1)]
4. Inspector reviewed the health care record including care plan a newly admitted resident. Inspector noted the progress note following admission to the home identifies the resident as a smoker and safety concerns related to smoking. Inspector noted multiple documented concerns beginning the evening of the resident's admission related to safety concerns. Inspector noted that the care plan fails to identify this risk the resident may poses to them-self. The licensee failed to ensure the care plan includes risks the resident poses to them-self and interventions to mitigate those risks. [O.Reg. 79/10, s.24(2)(1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

- s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
 - (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
 - (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
 - (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
 - (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
 - (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
 - (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
 - (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
 - (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
 - (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
 - (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. During an inspection on April 28-29, 2011 by inspector #133 the following was identified. As stated to the inspector by the administrator/director of care, it is expected that the registered nursing staff are to monitor and record the hot water temperature once per shift in a random location where residents have access to hot water. The maintenance supervisor also monitors and records hot water temperatures during his shift of 7am-3pm. The inspector viewed the maintenance supervisor's and registered nursing staff's hot water monitoring documentation for April 2011. Hot water temperatures were not recorded for 12 evening shifts. Hot water temperatures were not recorded for 7 night shifts. Hot water temperatures were not recorded by the registered nursing staff for 14 day shifts however the maintenance supervisor did record hot water temperatures on 7 of those day shifts. [O.Reg. 79/10, s.90(2)(k)]
2. Inspector #188 reviewed the home's hot water monitoring documentation from September 1st, 2011 until September 28, 2011. Inspector noted that temperature was not recorded on nine different day shifts, four different evening shifts and six night shifts during this time period. The licensee failed to ensure that the water temperature is monitored once per shift in random locations where residents have access to hot water. [O.Reg. 79/10, s.90(2)(k)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 24th day of October, 2011

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





**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

Sudbury Service Area Office
159 Cedar Street, Suite 603
Sudbury ON P3E 6A5

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
Sudbury ON P3E 6A5

**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
conformité

Telephone: 705-564-3130
Facsimile: 705-564-3133

Téléphone: 705-564-3130
Télécopieur: 705-564-3133

Dates of inspection/Date de l'inspection September 27-28, 2011	Inspection No/ No de l'inspection 2011_099188_0016	Type of Inspection/Genre d'inspection Follow-up
Licensee/Titulaire de permis Wikwemikong Nursing Home Limited, 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON, P0P 2J0		
Long-Term Care Home/Foyer de soins de longue durée Wikwemikong Nursing Home		
Name of Inspector/Nom de l'inspecteur Melissa Chisholm #188		

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007, S.O. 2007, c.8, s 15 (1) (c)	CO-001	2011_133_1856_28Apr143235	133
O. Reg. 79/10, s. 90 (1) (b)	CO-002	2011_133_1856_28Apr143235	133
O. Reg. 79/10, s. 92 (2)	CO-004	2011_133_1856_28Apr143235	133

Issued on this 17 day of October, 2011

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