

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la

Ministry of Health and Long-Term Care

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

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Ministère de la Santé et des Soins de longue durée

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

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Date(s) of inspection/Date(s) de Inspection No/ No de l'inspection Type of Inspection/Genre d'inspection l'inspection Jun 20, 21, 23, 2011 2011 070141 0009 Mandatory Reporting

Licensee/Titulaire de permis

HALTON HEALTHCARE LTC INC.

327 REYNOLDS STREET, OAKVILLE, ON, L6J-3L7

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

WYNDHAM MANOR LONG TERM CARE CENTRE 291 REYNOLDS STREET, OAKVILLE, ON, L6J-3L5

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

SHARLEE MCNALLY (141)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with Director of Care, registered staff, Personal Support Workers

During the course of the inspection, the inspector(s) reviewed resident records, homes internal investigation notes, policy and procedure for Resident Abuse, and Resident Abuse by Staff

The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention ...

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Definitions	Définitions	
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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care Specifically failed to comply with the following subsections:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits sayants:

1. An identified resident's plan of care does not set out clear directions for risk of falls to staff and others who provide direct care. s.6(1)(c))

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits sayants:

1. An identified resident was not protected from emotional abuse by the staff in the home, s.19.(1)

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits sayants:

1. An identified resident was not assessed and a post-fall assessment was not completed at the time of a fall. r.49(2)



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Issued on this 27th day of July, 2011.

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