



**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

**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
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection December 22, 2010	Inspection No/ d'Inspection 2010_144_2939_22Dec110742	Type of Inspection/Genre d'inspection Complaint L-01793 IL-15553-LO	
Licensee/Titulaire Chartwell Master Care LP, 100 Milverton Drive, Suite 700, Mississauga, ON L5R 4H1			
Long-Term Care Home/Foyer de soins de longue durée Royal Oak, 1750 Division Road North, Kingsville, ON N9Y 4G7			
Name of Inspector(s)/Nom de l'Inspecteur(s) Carolee Milliner (#144)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct an inspection related to a resident fall.			
During the course of the inspection, the inspector spoke with two Directors of Care, two PSW's, Assistant DOC, Physiotherapist & one RPN.			
During the course of the inspection, the inspector reviewed one resident health record, the home wheelchair inspection/repair log for 2010, the home Fall Risk Reduction & Safety Program Policy.			
The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
1 WN			



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NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référance envoyée

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: 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 constitue 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 énumérées 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.c.8,s6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings:

1. The written plan of care for one resident directs one resident's wheelchair to be placed in the tilt position every two hours. The physiotherapist, one RPN & two PSW's on interview gave conflicting responses related to the tilted position the wheelchair is to placed in every two hours..

Inspector ID #: 144

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.

Title:

Date:

Date of Report: (if different from date(s) of inspection).

January 4, 2011