



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

**Rapport d'inspection  
prevue 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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système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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| <b>Date(s) of inspection/Date de l'inspection</b><br>February 8, 2011 | <b>Inspection No/ d'inspection</b><br>2011_169_9624_04Feb095128 | <b>Type of Inspection/Genre d'inspection</b><br>Log #-000095 complaint |
|---|---|--|

**Licensee/Titulaire**  
The Corporation of Norfolk County  
Norfolk County  
50 Colborne St. South  
Simcoe  
N3Y 3H3  
Fax 519 426 8573

**Long-Term Care Home/Foyer de soins de longue durée**  
Norview Lodge  
44 Rob Blake Way  
PO Box 604  
Simcoe ON  
N3Y 4L8  
Fax 519 426 9867

**Name of Inspector(s)/Nom de l'inspecteur**  
Yvonne Walton ID#169

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, residents and families.

During the course of the inspection, the inspector reviewed the clinical record, observed resident care on all 4 home areas on the second floor, observed activity program , interviewed resident and families.

The following inspection protocols were used in part or in whole during this inspection:

- Contenance Care and Bowel Management
- Nutrition and Hydration
- Prevention of Abuse, Neglect and Retaliation
- Recreation and Social Activities
- Reporting and Complaints

There are findings of Non-Compliance as a result of this inspection.

**1WN  
1VPC**

### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Réglisseur 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'exigences 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 O. Reg. 79/10, s.26 (3)8**

**26 Every licensee of a long-term care home shall ensure that the requirements of this section are met with respect to every plan of care.**

**3 A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

**8 Contenance, including bladder and bowel elimination.**

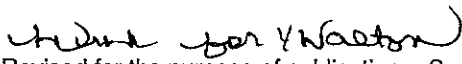
#### Findings:

1. An identified resident was sent to the hospital in 2010, with a diagnosis of constipation, as the resident had not had a bowel movement for 5 days.
2. Upon return from hospital, the plan of care for the identified resident did not identify constipation as a problem or have interventions identified to manage the constipation.

Inspector ID # 169

**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 the identified resident and all other residents have a plan of care based on, at a minimum, interdisciplinary assessment of the following with respect to the resident, continence, including bladder and bowel elimination, to be implemented voluntarily.

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|---|---|
| <b>Signature of Licensee or Representative of Licensee</b><br><b>Signature du Titulaire du représentant désigné</b> | <b>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.</b><br><br><br>Revised for the purpose of publication - Sept 29, 2011 |
| <b>Title:</b> _____ <b>Date:</b> _____  | <b>Date of Report:</b> (if different from date(s) of inspection).   |