



**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
longue durée**

Division de la responsabilisation et de la performance du
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Date of inspection/Date de l'inspection January 14, 2011	Inspection No/ d'inspection 2011_105_2965_14Jan091202	Type of Inspection/Genre d'inspection L-00020 CI-2965-000001-11
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Licensee/Titulaire
The Women's Christian Association of London 2022 Kains Rd. London ON N6K 0A8

Long-Term Care Home/Foyer de soins de longue durée
McCormick HFA 2022 Kains Rd. London ON N6K 0A8

Name of Inspector/Nom de l'inspecteur(s)
June Osborn #105

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to resident care.

During the course of the inspection, the inspector spoke with the administrator and the DOC.

During the course of the inspection, the inspector reviewed the plan of care, observed the resident, reviewed the policy, reviewed the training/education of staff related to abuse, reviewed the home's investigation, and reviewed the CI.

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse, Neglect and Retaliation..

Findings of Non-Compliance were found during this inspection. The following action was taken:
2 WN



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.24(1)2.

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm to the resident.

Findings:

1. Alleged abuse was reported to the Director December 30, 2010, should have been reported December 29, 2010.

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WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.97(1)(a).

Every licensee of a long-term care home shall ensure that the resident's substitute decision maker, if any, and any other person specified by the resident,

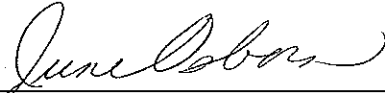
(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being ;

Findings:

1. The substitute decision makers were notified January 7, 2011; the licensee was aware of alleged abuse December 29, 2010.

Inspector ID #: #105



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: January 14, 2011