



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**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**

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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 2, 2015	2015_216144_0009	007402-14	Critical Incident System

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### Licensee/Titulaire de permis

CORPORATION OF THE CITY OF WINDSOR  
1881 Cabana Road West WINDSOR ON N9G 1C7

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

HURON LODGE LONG TERM CARE HOME  
1881 CABANA ROAD WEST WINDSOR ON N9G 1C7

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

CAROLEE MILLINER (144)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 27, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, two Director's of Care, one Registered Practical Nurse, one Personal Service Worker and the Physiotherapist.**

**One critical incident report and one resident clinical record were reviewed during the inspection.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**
**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

1. The licensee did not ensure that any actions taken with respect to a resident under a program, including assessments, interventions and the resident's responses to interventions are documented as evidenced by:

- a) Resident #0008 experienced a fall [REDACTED] resulting in surgical repair [REDACTED].
- b) The resident was readmitted to the home [REDACTED].
- c) The resident's [REDACTED] full assessment identified the resident ambulated independently prior to the [REDACTED] fall.
- d) The [REDACTED] full assessment identifies the resident as non-ambulatory and wheelchair dependent since readmission.
- e) On the date of readmission, the Physiotherapist documented in the resident's clinical record that they were full weight bearing.
- f) The Physiotherapist confirmed with Inspector #144 that [REDACTED], a physical assessment of the resident was completed.
- g) The resident's clinical record includes documentation [REDACTED] by the Physiotherapist related to the resident's weight bearing status and does not include a physiotherapy assessment related to the deterioration of resident's physical abilities.
- h) The Administrator and two Director's of Care on review of the resident's clinical record, confirmed a physiotherapy assessment has not been documented since the resident's readmission to the home [REDACTED]. [s. 30.]

2. . [s. 30. (2)]

***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 that any actions taken with respect to a resident under a program, including assessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.***

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**Issued on this 2nd day of February, 2015**

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

**Original report signed by the inspector.**