



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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 2, 2011	2011_115_2979_02May100716	Complaint L-000471
Licensee/Titulaire		
The Homewood Corporation, 150 Delhi Street, Guelph, ON, N1E 6K9		
Long-Term Care Home/Foyer de soins de longue durée		
The Village of Glendale Crossing, 3030 Singleton Ave, London ON N6L 0B6		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Terri Daly #115		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to care and services.		
During the course of the inspection, the inspector spoke with the General Manager, the Director of Nursing Care, Kinesiologist, 1 Registered Practical Nurse and 2 Personal Support Workers.		
During the course of the inspection, the inspector reviewed the clinical record of one resident, reviewed staffing levels, the falls prevention program, call bell reports from April 25, 2011-May 2, 2011, and observed care provided on 2 home areas.		
The following Inspection Protocols were used during this inspection:		
Sufficient Staffing Inspection		
Safe & Secure Home Inspection		
Infection Prevention & Control Inspection		
Falls Prevention Inspection Protocol		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection.		
The following action was taken:		
1 WN		
1 VPC		



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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/Référencement au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'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 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.229(4)

The licensee shall ensure that all staff participate in the implementation of the program.

Findings:

On May 2, 2011, at 11:45 AM during a tour of a home area the inspector found bed pans, commode containers, and basins stored inappropriately on residents' bath room floors.

The inspector spoke with 2 Personal Support workers and they both indicated that basins and bedpans should be stored on the hooks under the bathroom counter as opposed to on the floor.

Inspector ID #: 115

Additional Required Actions:

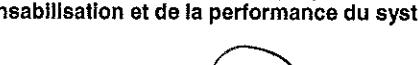
VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all staff participate in the implementation of the infection control program related to appropriate storage for k basins, wash basins, commode containers, collection containers, and bedpans, to be implemented voluntarily.



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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: May 5, 2011