



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**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  
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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>
Jun 22, 2015	2015_254610_0020	003824-15	Complaint

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### **Licensee/Titulaire de permis**

Oneida Nation of the Thames  
2212 Elm Avenue R. R.#2 SOUTHWOLD ON N0L 2G0

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

Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni)  
2212 Elm Avenue R. R.#2 SOUTHWOLD ON N0L 2G0

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

NATALIE MORONEY (610)

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## **Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): April 28,29,30, May 1,4  
,2015**

**Complaint Inspection related to Personal Support Services.**

**This was inspected concurrently with RQI L # 002229-15 and Log # 003808-15**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator/Director of Care, Director of Quality and Health Information Nurse,  
one Personal Support Worker,one Registered Practical Nurse, and three Residents.**

**During the inspection inspector reviewed health care records, conducted  
interviews, completed observations and reviewed relevant documentation.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services**

**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**

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**



**Specifically failed to comply with the following:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in the plan of care provided clear directions to staff and others who provide direct care to the resident.

A) Resident #2 plan of care indicated that resident had a partial plate. Staff confirmed that Resident #2 does not have a partial plate.

B) Resident #3 plan of care revealed there was no oral plan of care to maintain good oral hygiene.

The Administrator/Director of Care confirmed that the plan of care should set out clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. The licensee has failed to ensure that care set out in the plan of care provided to the resident as specified in the plan.

Resident #1 did not always have dentures in. Review of Resident #1's plan of care revealed staff were to ensure dentures were in place.

The Administrator/Director of Care confirmed the care set out in the plan of care was not provided to the resident as specified in the plan. [s. 6. (7)]



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***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 the care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.***

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**Issued on this 23rd day of June, 2015**

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

**Original report signed by the inspector.**