



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 27, 2016	2016_339617_0020	003750-16	Other

Licensee/Titulaire de permis

AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES INC.
130 ELM STREET SUDBURY ON P3C 1T6

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

CEDARWOOD LODGE
860 GREAT NORTHERN ROAD SAULT STE. MARIE ON P6A 5K7

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

SHEILA CLARK (617)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): May 16, 17, 18, 19, 2016.

A Resident Quality Inspection (RQI) was conducted in the home on January 18-29, 2016. At that time the RQI family and resident interviews had triggered three items for inspection related to accommodation housekeeping, accommodation laundry, and safe and secure home.

This inspection was conducted concurrently with Critical Incident Inspection #2016_339617_0019, Follow Up Inspection #2016_463616_0012, and Complaint Inspection #2016_463616_0013.

During the course of the inspection, the inspector(s) spoke with Executive Director/Director of Care (ED/DOC), Resident Quality Manager (RQM), Director of Support Services (DSS), Office Manager (OM), Resident Assessment Instrument (RAI) Coordinator, Housekeepers (HSKs), Laundry Aids (LAs), Dietary Aids (DAs), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), residents and family.

Observations were made of the home areas and outdoor grounds, meal services, and the provision of care and services to residents during the inspection. The home's policy and procedures, resident health records and staff training records were reviewed.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Laundry
Safe and Secure Home**

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

**1 WN(s)
0 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The Act required the licensee of the long-term care home to have, institute or otherwise put in place an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents and the licensee failed to ensure that the procedure for laundry services was complied with.

During the Resident Quality Inspection conducted in January 2016, three resident interviews indicated missing personal clothing:

- resident #008 had been missing two particular items,
- resident #004 had been missing three particular items, and
- resident #001 had been missing one particular item.

During this inspection Inspector interviewed resident #008 who confirmed that they were missing some particular items, which was reported to the staff. Resident #008 stated that the missing items have since been returned.

The Inspector interviewed resident #004 who was not able to remember that they were missing items.

The Inspector interviewed resident #001 who confirmed that on the day of admission to the home an item went missing. Resident #001 reported the missing item to the staff at the time they were lost and since then the item has not been found.

The Inspector reviewed the home's policy titled "Personal Clothing Procedures of Lost Personal Clothing-ES-20-30" revised on November 20, 2012, which indicated that for all lost clothing concerns of residents, families or visitors that are brought forward, staff would complete the "Missing Clothing Checklist" and forward it to the laundry

department. The nursing department would search the home area and laundry department would search the laundry for the missing clothing then follow up with the resident/family.

The Inspector interviewed two PSWs who both reported that if a resident had missing clothing they would look for it and if it wasn't found, report it to the registered staff. Inspector reviewed the "Missing Clothing Checklist" with both PSWs, and they confirmed that they have never completed the "Missing Clothing Checklist" or seen the form before.

The Inspector interviewed a member of the registered staff who reported that the "Missing Clothing Checklist" was a new form rolled out earlier this year. The member of the registered staff explained that they were aware of the form but had not yet filled out the form to notify the laundry department of missing clothes. The member of the registered staff then reported that they had informed the Director of Support Services for the laundry department by phone for missing resident clothing. The missing laundry was found later by the laundry department and there was no need to fill out the form.

The Inspector interviewed the Director of Support Services, who reported that they had circulated a memo in November 2015, which requested the staff to complete the "Missing Clothing Checklist" as per home policy. The Director of Support Services then confirmed to the Inspector that they have not yet received any checklists from the staff since the memo was sent out and went on to confirm that they had not received a checklist for the reported missing items for residents #008, #004 and #001. The Director of Support Services expected the nursing staff to complete the checklist each time resident clothing went missing as per home policy to track the items and follow up with the resident/family but they did not. [s. 8. (1) (b)]



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Issued on this 6th day of July, 2016

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

Original report signed by the inspector.