



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

**Rapport d'inspection
prévus 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
système de santé
Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 24, 2010	2010_187_2689_24Nov093224	Complaint L-01751

Licensee/Titulaire
Ritz Lutheran Villa, R R #5, Mitchell Ontario N0K 1N0

Long-Term Care Home/Foyer de soins de longue durée
Mitchell Nursing Home, 184 Napier St, Mitchell Ontario, N0K 1N0

Name of Inspector(s)/Nom de l'inspecteur(s)
Brenda Gauld (#187)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection concerning resident care. A follow up was also completed on a 2 previously issued unmet criteria.

During the course of the inspection, the inspector spoke with: the ADOC, RAI coordinator, RN and 3 PSWs.

During the course of the inspection, the inspector reviewed 5 resident charts, the staffing schedule and observed several residents at various different times.

The following Inspection Protocols were used in part or in whole during this inspection:
Continence care and bowel management
Pain

☒ There are no findings of Non-Compliance as a result of this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
C1.5, LTC Homes Program Manual, now found in LTCHA, 2007, S.O. c. 8, s. 71(4)(b).	Unmet criteria		N/A	
O. Reg. 79/10, s. 33(1)	WN/VPC		2010_112_2689_31Aug083024	#112

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: (if different from date(s) of inspection). November 29, 2010