



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

**Rapport d'inspection  
prevue 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 August 31, 2010	Inspection No/ d'inspection 2010_112_2689_31Aug083024	Type of Inspection/Genre d'inspection Complaint L-00879		
Licensee/Titulaire Ritz Lutheran Villa, RR#5, Mitchell, ON NOK 1NO				
Long-Term Care Home/Foyer de soins de longue durée Mitchell Nursing Home, 184 Napier St., Mitchell, ON NOK 1NO				
Name of Inspector Nom de l'inspecteur Carole Alexander				
<b>Inspection Summary/Sommaire d'inspection</b>				
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Director of Care, Training Coordinator (HR),</p> <p>During the course of the inspection, the inspector: reviewed the training and orientation for nursing staff, dates of training, in-services provided and planned (2010)</p> <p>3 residents bathing schedule including plans of care and flow records</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:</p> <p>Ad Hoc notes</p>				
<p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>				



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Inspection Report  
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Rapport  
d'inspection prévu  
le *Loi de 2007 les foyers de soins de longue durée*

## NON- COMPLIANCE / (Non-respectés)

### Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

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 Reg 79/10 s. 33 (1)

Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

### Findings:

Three residents noted to have received less than 2 baths per week.

Inspector ID #: 112

### 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 with bathing provisions, to be implemented voluntarily.

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).