



**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

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

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<b>Date(s) of inspection/Date de l'inspection</b> November 24 2010	<b>Inspection No/ d'inspection</b> 2010_166_2613_29Nov15937	<b>Type of Inspection/Genre d'inspection</b> Log # O-002282
<b>Licensee/Titulaire</b> Chartwell Master Care LP                      Fax 905-501-0813 100 Millverton Drive, Suite 700 Mississauga ON		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Bon Air Residence 131 Laidlaw Street South                      Fax 705-432-3331 Cannington, ON L0E 1E0		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Caroline Tompkins #166		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection related to resident care.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator/Director of Care, a registered nurse, two personal support workers and the registered dietician.</p> <p>During the course of the inspection, the inspector: reviewed the resident's clinical records.</p> <p>The following Inspection Protocol was used during this inspection: Dignity, Choice and Privacy</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN</p>		

### NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur 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.

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 constituer 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 LTCHA 2007, c.8, s.6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

**Findings:**

1. The plan of care did not identify the resident's weight loss.
2. The plan of care did not address any interventions related to the resident's food and fluid intake.
3. There was no evidence to support that the staff were collaborating to assess and manage the resident's food and fluid intake and weight loss.

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**WN #2:** The Licensee has failed to comply with LTCHA 2007, c. 8, s. 3 (1). Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted.  
9. Every resident has the right to have his or her participation in decision –making respected.

**Findings:**

1. The resident's plan of care identifies that it was the resident's wish to be transferred to the hospital for further assessment if required. The resident was not transferred to the hospital when she requested.
2. The resident's family requested that the resident be transferred to the hospital. The resident was not transferred to the hospital until the family made a second request.

**Inspector ID #:** 166

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).

*[Signature]*  
December 23 2010