



**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**

Division de la responsabilisation et de la performance du
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|--|---|--|
| Date(s) of Inspection/Date de l'Inspection November 18, 2010 and January 6, 2011 | Inspection No/ d'inspection 2010-190-2576-18Nov110810 | Type of Inspection/Genre d'inspection Follow-Up – Log #01752 |
| Licensee/Titulaire Grosvenor Health Care Partnership (No.4) 150 Water St. South, Cambridge, ON N1R 3E2 | | |
| Long-Term Care Home/Foyer de soins de longue durée Country Village Health Care Centre 440 County Road 8, R. R. #2 Woodslee, ON N0R 1V0 | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) Sandra Fysh #190 | | |

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection.

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, RAI Coordinator, 2 RN's, 1 RPN and 2 PSW's.

During the course of the inspection, the inspector reviewed the clinical records of 8 residents, observed the care of 8 residents.

The following Inspection Protocols were used in part or in whole during this inspection:

- Admission Process
- Falls Prevention
- Minimizing of Restraints

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN
1 VPC

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



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur envoyé
CO – Compliance Order/Ordre de conformité
WAO – Work and Activity Order/Ordre: 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 O.Reg.79/10s.231(b) Every licensee of a long-term care home shall ensure that, (b) the resident's written record is kept up to date at all times.

Findings:

1. The restraint records for 6 residents are not signed for application and/or removal of restraints from 0600 to 1400 hours (day shift) for January 2, 2011 or January 5, 2011.
2. The restraint records for 6 residents were not signed on January 6, 2011 from 0600 hours to 1000 hrs.
3. 1 Resident's restraint record noted that restraint was removed at 0900 hrs. This resident was observed to be in a wheelchair in the dining room with restraint on at 1300 hrs.
4. 1 Resident's restraint record noted that restraint was removed at 1000 hrs. This resident was observed to be in a wheelchair in the dining room with restraint on at 1300 hrs.

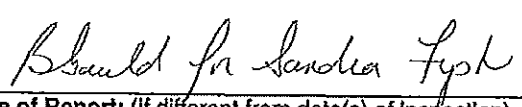
Inspector ID #: #190

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 ensuring that restraint records are documented and current at all times, to be implemented voluntarily.



| CORRECTED NON-COMPLIANCE Non-respects à Corrigé | | | | |
|--|-------------------------|--------------------|---------------------|----------------|
| REQUIREMENT EXIGENCE | TYPE OF ACTION/ORDER | ACTION/ ORDER # | INSPECTION REPORT # | INSPECTOR ID # |
| M1.7, LTC Homes Program Manual, now found in O.Reg.79/10s.107(1) | Unmet Criteria | | | #190 |
| A1.17, LTC Homes Program Manual, now found in O.Reg.79/10s.110(1) | Unmet Criteria | | | #190 |
| B1.6, LTC Homes Program Manual, now found in LTCHA,2007,S.O.,c8, s.6(10) | Unmet Criteria | | | #190 |
| B2.4, LTC Homes Program Manual, now found in O.Reg.79/10,s.26(1) | Unmet Criteria | | | #190 |
| B5.2, LTC Homes Program Manual, now found in O.Reg.79/10,s.8(1) (a)(b) | Unmet Criteria | | | #190 |
| M3.7, LTC Homes Program Manual, now found in O.Reg.79/10,s.107(1) | Unmet Criteria | | | #190 |

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| 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. | |
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| Title: | Date: | Date of Report: (If different from date(s) of Inspection). | |
| | | Feb 16, 2011 | |