



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

**Rapport d'inspection
prévues 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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<input type="checkbox"/> Licensee Copy/Copie du Titulaire		<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 26, 27, & June 14, 2011	2011_116_2556_26May115155	Complaint Log #T1047-TO
Licensee/Titulaire		
Chartwell Master Care LP 100 Milverton Drive, Suite 700 Mississauga, ON L5R 4H1		
Long-Term Care Home/Foyer de soins de longue durée		
The Gibson Long Term Care Centre, 1925 Steeles Avenue East, North York, ON M2H 2H3		
Name of Inspector/Nom de l'inspecteur		
Saran Daniel-Dodd, Inspector 116 & Tiina Tralman, Inspector 162		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection regarding grooming and hygiene.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Director of Clinical Services, Director of Resident Services, Environmental Manager, Laundry Aides, substitute decision maker of resident, Registered staff and Direct care staff.</p> <p>During the course of the inspection, the inspector: Reviewed the health record of a resident, reviewed home policy admission Process (LTCE-RCA-B-003), reviewed job routines for laundry aides, and observed the laundry area.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Contenance Care and Bowel Management Personal Support Services Dignity, Choice and Privacy</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>4 WN 2 VPC</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/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 constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* a trouvé. (Une exigence dans la 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 79/10, s. 40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear.

Findings:

- The home did not provide a clean set of clothing to a resident over consecutive days.
- Night attire was not provided according to the resident's preference.

Inspector ID #: 116 & 162

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 to ensure that each resident in the home is assisted with getting dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007 s. 6(7). The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan, 2007, c. 8, s. 6 (7).

Findings:

- Grooming and personal hygiene requirements as per resident's plan of care were not followed.
- Plan of care identifies the need for the resident to be appropriately dressed in clean clothing and to offer choices. The resident was not provided with a clean set of clothing and wore the same clothing over consecutive days.
- Plan of care identifies the requirement to provide shower two days per week. The resident was not provided with a shower as per the requirement of the LTCHA, 2007 S.O. 2007 s. 6(7).
- Evening mouth care was not provided as per the resident's plan of care.

Inspector ID #: 116 & 162



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 to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.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:

- The resident was not provided with a shower as per the requirement of the LTCHA, 2007 S.O. 2007 s. 6(7).

Inspector ID #: 116 & 162

WN #4: The Licensee has failed to comply with O. Rag 79/10. s. 34 91) (a). Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes, mouth care in the morning and evening, including the cleaning of dentures;

Findings:

- Evening mouth care was not provided to the resident over a two day period.

Inspector ID #: 116 & 162

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).

June 17, 2011