



**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**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection January 26, 27 and 28, 2011.	Inspection No/ d'inspection 2011_134_2485_26Jan135016	Type of Inspection/Genre d'inspection Complaint - Log # O-000151
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Licensee/Titulaire Extendicare Northeastern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.] 3000 Steeles Avenue East, Suite 700, Markham, ON L3R 9W2 Fax: 1- 905-470-5588
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Long-Term Care Home/Foyer de soins de longue durée Extendicare Starwood. 114 Starwood Rd, Nepean, ON K2G 3N5 fax 613-224-9309

Name of Inspector(s)/Nom de l'inspecteur(s) Colette Asselin, # 134
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Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the care and services provided to residents.

During the course of the inspection, the inspector spoke with 2 residents, 2 personal support workers, the charge nurses on day and evening shifts, the evening Registered Practical Nurse, the Director of Nursing and the Administrator.

During the course of the inspection, the inspector observed several residents while in their rooms and in the dining room, observed staff's response to call bells and reviewed two residents' Health Record,

The following Inspection Protocols were used during this inspection:

1. Pain
2. Responsive Behaviors
3. Sufficient Staffing

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

1 WN
1 VPC



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, S.O. 2007 c/8, s. 6.

(11) When a resident is reassessed and the plan of care reviewed and revised,

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Findings:

1. A resident with a set of symptoms did not have a care plan to address the risks of complications. The care plan was not reviewed and revised to identify measures to be used for managing the risks.
2. This resident's care plan does not provide clear direction to staff on how to manage the resident's care needs.

Inspector ID #: 134

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, in meeting the requirement that the plan of care is revised when the care set out in the care plan has not been effective as it relates to this resident's symptom management, to be implemented voluntarily.

Inspector ID #: 134

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.

Collette Asseli

Title: **Date:**

Date of Report: February 11, 2011