



**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

**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 September 28, 2010	Inspection No/ d'inspection 2010_174_2835_28Sept162611	Type of Inspection/Genre d'inspection Complaint Log # TO0528
Licensee/Titulaire Orillia Long term Care Centre Ltd. 689 Yonge Street Midland, ON L4R 2E1		
Long-Term Care Home/Foyer de soins de longue durée Leacock Care Centre 25 Museum Drive Orillia ON I3V 7T9		
Name of Inspector(s)/Nom de l'inspecteur(s) Nancy Bailey (ID# 174)		
<b>Inspection Summary/Sommaire d'inspection</b>		



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The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Corporate representative, registered and non-registered staff.

During the course of the inspection, the inspector: reviewed the clinical record of an identified resident.

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

Admission Process Inspection Protocol

Complaint and Reporting Inspection Protocol

Dignity, Choice and Privacy Inspection Protocol

Personal Support Services Inspection Protocol

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

1 WN

### **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/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 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.79/10, s.24(4)**

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 and on the assessment, reassessment and information provided by the placement co-ordinator under section 44 of the Act.

#### **Findings:**

1. The initial 24-hour plan of care for an identified resident can not be found in the clinical record.
2. The plan of care for an identified resident does not provide direction to staff.

Inspector ID #:	174
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<b>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</b>	<b>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.</b>
<b>Title:</b>	<b>Date:</b>

**Date of Report:** (if different from date(s) of inspection).