

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Ottawa Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 10, 2021	2021_770178_0025	015569-21	Other

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**Licensee/Titulaire de permis**North Renfrew Long-Term Care Services Inc.  
47 Ridge Rd Deep River ON K0J 1P0**Long-Term Care Home/Foyer de soins de longue durée**North Renfrew Long-Term Care Services  
47 Ridge Road P.O. Box 1988 Deep River ON K0J 1P0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SUSAN LUI (178), MANON NIGHBOR (755)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): December 6-8, 2021.**

**This inspection was an Ottawa Service Area Office initiated inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director/Administrator, Manager of Resident Services, Registered Nurse, Registered Practical Nurse, Personal Support Worker (PSW), Recreation Leader, Covid-19 Screener, Dietary Aides, Housekeeper, and residents.**

**During the course of the inspection, the inspectors observed resident home areas, the provision of resident care, resident and staff interactions, infection prevention and control practices, a meal service, medication administration practices; reviewed clinical health records, relevant licensee policies and procedures, complaints records, and other pertinent records.**

**The following Inspection Protocols were used during this inspection:**

**Dining Observation**

**Falls Prevention**

**Infection Prevention and Control**

**Medication**

**Reporting and Complaints**

**Residents' Council**

**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (9) The licensee shall ensure that the following are documented:**

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all assessments for a resident's condition were documented.

The registered staff were documenting a resident's required weekly assessments on a designated assessment tool. There was no entry documented for approximately two and one half weeks on the designated assessment tool.

Three staff members confirmed that the resident's weekly assessments during the two and one half week period should have been documented on the designated assessment tool. The Executive Director and the Manager of Resident Services shared that the licensee plans to implement Electronic Treatment Administration Record.

Sources: Relevant clinical health records and interviews with staff members. [s. 6. (9)]

**Issued on this 16th day of December, 2021**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**