



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

**Rapport d'inspection
prevue 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

London Service Area Office
291 King Street, 4th Floor
London, ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London, ON N6B 1R8

**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
conformité

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of Inspection/Date de l'Inspection	Inspection No/ d'Inspection	Type of Inspection/Genre d'Inspection
September 1, 2010	2010-120-2952-01SEP131919	Follow-up to February 9, 2009 and March 3, 2010

Licensee/Titulaire
Parkwood Mennonite Home Inc., 726 New Hampshire Street, Waterloo, ON N2K 4M1

Long-Term Care Home/Foyer de soins de longue durée
Parkwood Mennonite Home, 726 New Hampshire Street, Waterloo, ON N2K 4M1

Name of Inspector(s)/Nom de l'Inspecteur(s)
Bernadette Susnik, LTC Homes Inspector - Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance under the Ministry of Health and Long-Term Care Homes Program Standards Manual with respect to the following unmet criteria;

- O3.1 (Housekeeping Services)
- M1.6 (Policies and Procedures).

During the course of the inspection, the inspector spoke with the administrator, reviewed the Environmental Services Policies and Procedures and conducted a walk-through of all of the serveries, dining areas and common bathing areas.

The following Inspection Protocol was used during this inspection:

Accommodation Services - Housekeeping

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/Avi 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'exigences prévue le paragraph 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 the LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a) Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary.

Findings:

Visible matter noted on surfaces such as lower cabinets and wood swing doors in all serveries, and on walls in all dining rooms.

Additional Required Action:

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 s.15(2)(a) in respect to ensuring that the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

Signature of Licensee of Designated Representative
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).

Dec 3 / 10