



**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  
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|   |   | <input type="checkbox"/> Licensee Copy/Copie du Titulaire          | <input checked="" type="checkbox"/> Public Copy/Copie Public |
|---|---|--|--|
| <b>Date of inspection/Date de l'inspection</b><br>April 27, 2011  | <b>Inspection No/ d'inspection</b><br>2011-190-2760-27Apr101126 | <b>Type of Inspection/Genre d'inspection</b><br>Complaint L-000476 |  |
| <b>Licensee/Titulaire</b><br>Meritas Care Corporation, 567 Victoria Avenue, Windsor, ON N9A 4N1   |   |  |  |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Regency Park Long Term Care, 567 Victoria Avenue, Windsor, ON N9A 4N1  |   |  |  |
| <b>Name of Inspector/Nom de l'inspecteur</b><br>Sandra Fysh #190  |   |  |  |
| <b>Inspection Summary/Sommaire d'inspection</b>   |   |  |  |
| <p>The purpose of this inspection was to conduct a complaint inspection related to care and services of a resident.</p> <p>During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Physician, RAI MDS Coordinator, two Registered Nurses, Registered Practical Nurse, Wound Care Specialist and a Resident.</p> <p>During the course of the inspection, the inspector reviewed the clinical record of one resident, observed the resident's room and common area and reviewed policies related to the inspection.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:</p> <ul style="list-style-type: none"><li>• Skin and Wound Care Inspection Protocol</li></ul> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN</p> |   |  |  |



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**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 O.Reg.79/10,s.26(3)(18) Every licensee of a long-term care home shall ensure that the requirements of this section are met with respect to every plan of care. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

**(15) Skin condition, including altered skin integrity and foot conditions.**

**Findings:**

1. The MDS assessment completed during two quarters was incorrect.
2. The RAI MDS Coordinator confirmed that the MDS assessment was incorrect.

**Inspector ID #:** 190

**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).**