



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

**Rapport d'inspection
prévu 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
conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8ièm étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 1, 2010	Inspection No/ d'inspection 2010_153_9581_01Nov092610	Type of Inspection/Genre d'inspection Critical Incident T0513	
Licensee/Titulaire Corporation of the County of Simcoe 1110 Highway 26 Midhurst, ON L0L 1X0			
Long-Term Care Home/Foyer de soins de longue durée Sunset Manor Home for Senior Citizens			
Name of Inspector(s)/Nom de l'inspecteur(s) Diane Brown (110) Lynn Parsons (153)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident inspection.			
During the course of the inspection, the inspector(s) spoke with: Director of Resident Care and Nurse Manager			
During the course of the inspection, the inspector(s): interviews held and the following items were reviewed; resident file, staff meeting minutes, staff in-service records and Home policy.			
The following Inspection Protocols were used in part or in whole during this inspection: Skin and Wound Care Inspection Protocol			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
1 WN			

Ontario

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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/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.

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-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.)

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 (7). The Licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan..

Findings:

Identified resident was not provided care as outlined in the plan of care.

- The plan of care directed staff to "turn and reposition with skin care every 2 hours"
- The resident was not positioned on the night shift of July 20 to 21, 2010 as outlined in the plan of care
- The resident was noted to have two new blisters on her left and right buttocks near coccyx area on the morning of July 21, 2010.

Inspector ID #: 110 and 153

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.

LTC Home Inspector

Title:

Date:

J. Bousman

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