



**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 January 31, 2011	Inspection No/ d'inspection 2011_144_2541_31Jan_102453	Type of Inspection/Genre d'inspection L-00063 CI-2541-0000011	
Licensee/Titulaire Rivera Long Term Care Incorporated, 55 Standish Court, 8 th Floor, Mississauga, ON L5R 4B2			
Long-Term Care Home/Foyer de soins de longue durée Rose Garden Villa, 350 Dougall Avenue, Windsor, ON N9A 4P4			
Name of Inspector(s)/Nom de l'inspecteur(s) Carolee Milliner (144)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a critical incident follow-up related to resident care.			
During the course of the inspection, the inspector spoke with the Administrator, Assistant Director of Care, one RPN & two PSW's.			
During the course of the inspection, the inspector reviewed one resident clinical record, the home Head Injury Routine policy, observed two shower chairs recently taken out of circulation & four shower chairs currently in circulation in the home.			
The following Inspection Protocols were used in part or in whole during this inspection: Safe & Secure Environment.			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
2 WN 1VPC			



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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 du directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constitue un avis 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.c,8,s15(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:

On January 31/11, between 11:15 am & noon, rubber shower seat covers were lifted from shower chair seats by the Inspector in shower rooms on floors 4 & 6. Shower seats were observed by the inspector & one PSW to be soiled with a clear slimy liquid substance.

Inspector ID #: 144

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O.c,8,s6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

Findings:

The written plan of care for one resident does not include physician ordered treatment interventions for promotion of wound healing related to a recent injury.

Inspector ID #: 144

Additional Required Actions:

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 related to the written plan of care for each resident providing clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.



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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 of Report: February 2, 2011