



# **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 conformité

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

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Bureau régional de services de London  
291, rue King, 41<sup>er</sup> étage  
London ON N6B 1R8

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

<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>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
March 16, 2011	2011-190-2541-16Mar104738	Critical Incident L-000409
<b>Licensee/Titulaire</b>		
Revera Long Term Care Inc., 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga, ON L5R4B2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Rose Garden Villa, 350 Dougall Avenue, Windsor, ON N9A 4P4		
<b>Name of Inspector/Nom de l'inspecteur</b>		
Sandra Fysh #190		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a critical incident inspection related to the care and services of a resident.</p> <p>During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Assistant Director of Care, a Registered Nurse and Personal Support Workers.</p> <p>During the course of the inspection, the inspector reviewed the clinical record of one resident, observed the environment in the resident's room and common areas.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> <li>• Critical Incident Response IP</li> <li>• Falls Prevention IP</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>		



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

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*

## NON-COMPLIANCE / (Non-respectés)

### Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référant 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'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 LTCHA, 2007, S.O. 2007, c.8, s.6(1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.**

### Findings:

1. Interventions to prevent falls have not been added to the plan of care that is accessed by staff.

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).

*Sandra Lysy*  
*Mar 31/11*