



**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, 4th 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
Date of inspection/Date de l'inspection March 8, 2011	Inspection No/ d'inspection 2011_144_2541_08Mar110759	Type of Inspection/Genre d'inspection L-00111 Complaint	
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 complaint inspection related to resident care and services.			
During the course of the inspection, the inspector spoke with one resident, the Administrator, Director of Care, one RN and one RPN.			
During the course of the inspection, the inspector reviewed one resident clinical record.			
The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services.			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
1 WN			



**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/Référance envoyée

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 LTCHA, 2007, S.O.c.8.s.6(8)

The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Findings:

1. On the date of inspection, the written plan of care available to staff for one resident was dated August 17, 2010. Interview with one RPN & one PSW confirmed that PSW staff do not have convenient and immediate access to the current written plan of care located in the home software computer system.

Inspector ID #: 144

**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:
March 8, 2011**