



**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

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**Ministère de la Santé et des Soins de  
longue durée**

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
November 15, 16, 17, 2010	2010_125_14Nov111940	Complaint # 1678
<b>Licensee/Titulaire</b>		
Victoria Village Inc. 78 Ross Street, Barrie, Ontario L4N 1G3		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Victoria Village Manor. 78 Ross Street, Barrie, Ontario L4N 1G3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Marsha Hardwick #125		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct a complaint inspection regarding end of life care and pain.

- During the course of the inspection, the inspector(s) spoke with:
- Administrator
- Director of Care
- Assistant Director of Care
- Director of Resident & Family Services
- Registered staff
- Personal Support Workers
- Recreation Assistant
- Pharmacy staff
- Nurse Practitioner
- Coroner

During the course of the inspection, the inspector: reviewed an identified resident's health care record and policy & procedures

The following Inspection Protocols were used in part or in whole during this inspection: Pain; Dignity, Choice & Privacy;

Findings of Non-Compliance were found during this inspection. The following action was taken:

[3] WN  
[1] VPC

### 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.

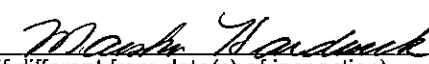
Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O. Reg. 79/10, s.28 (b).  
Where , immediately before the coming into force of this section, there is a plan of care in place with respect to a resident, the licensee of the long-term care home shall ensure,  
(b) that the plan of care is reviewed during that six months if the resident's needs change, the care in the plan or care is no longer necessary or the care in the plan or care has not been effective.

<b>Findings:</b>	
<ul style="list-style-type: none"> <li>An identified resident's plan of care was not revised when care needs changed.</li> <li>The written plan of care did not include identification of specific care interventions.</li> </ul>	
<b>Inspector ID #:</b>	125

<b>WN #2:</b> The Licensee has failed to comply with O. Reg. 79/10, s. 52 (2).	
(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.	
<b>Findings:</b>	
<ul style="list-style-type: none"> <li>An identified resident was not assessed for pain, using a clinically appropriate assessment instrument, when pain was not relieved by initial interventions.</li> <li>An identified resident had signs and symptoms of pain which treatment did not relieve.</li> </ul>	
<b>Inspector ID #:</b>	125
<b>VPC</b> - Pursuant to the O. Reg. 79/10, s. 131(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents who experience pain that is not relieved by initial interventions are assessed using a clinically appropriate pain assessment instrument, to be implemented voluntarily.	

<b>WN #3:</b> The Licensee has failed to comply with O. Reg. 79/10, s. 8 (1) (b). Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and (b) is complied with.	
<b>Findings:</b>	
An identified resident was not provided medication in accordance with the requirement as set out in O. Reg. 114(3) (a) regarding medication management system policy implementation.	
<ul style="list-style-type: none"> <li>Documentation on identified reports indicated a specific medication was not administered according to policy.</li> </ul>	

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné		<b>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.</b>	
			
<b>Title:</b>	<b>Date:</b>	<b>Date of Report:</b> (if different from date(s) of inspection).	
		