



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4th étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

		Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	October 21 and 22, 2010	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Licensee/Titulaire Crown Ridge Health Care Services Inc. 106 Crown Street Trenton, Ontario K8V 6R3 Fax # 613 392 6360			
Long-Term Care Home/Foyer de soins de longue durée Westgate Lodge Nursing Home 37 Wilkie Street Belleville, Ontario K8P 4E4 Fax # 613 966 5126			
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection related to housekeeping services and infection prevention and control.			
During the course of the inspection, the inspector spoke with the Administrator, the Director of care, 2 Housekeepers, several Personal Support Workers and several Registered Nursing staff.			
During the course of the inspection, the inspector reviewed housekeeping practices throughout resident areas of the home; reviewed the infection prevention and control program related to the management of antibiotic resistant organisms (AROs); observed infection prevention and control measures in place for an ARO; examined availability of supplies for routine practices, including hand hygiene.			
The following Inspection Protocols were used during this inspection: accommodation services-housekeeping; infection prevention and control.			
1 Finding of Non-Compliance was 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 prévue
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/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. 229(9). The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence based practices and, if there are none, in accordance with prevailing practices, and with access to point of care hand hygiene agents.

Findings:

1. Point of care hand hygiene agents are not provided for use in residents' bedrooms.
2. Staff do not routinely carry hand hygiene agents into residents' bedrooms.

Inspector ID #: 102

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: (if different from date(s) of inspection). <i>Randy Berry</i> Nov 23/10