



# 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  
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Date(s) of inspection/Date de l'inspection February 8, 9, and 10, 2011	Inspection No/ d'inspection 2011_136_1856_10Feb102111	Type of Inspection/Genre d'inspection Follow up log S-0010416
<b>Licensee/Titulaire</b>		
Wikwemikong Nursing Home Limited, 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON P0P 2J0 Phone 705 859 3107 Fax 705 859 2245		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Wikwemikong Nursing Home, 2281 Wikwemikong Way, P.O. Box 114, Wikwemikong, ON P0P 2J0 Phone 705 859 3107 Fax 705 859 2245		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Delores Mac Donald, 136		
<b>Inspection Summary/Sommaire d'inspection</b>		



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The purpose of this inspection was to conduct a follow up inspection.

During the course of the inspection, the inspector spoke with the Administrator/Director of Care, Resident Assessment Instrument Coordinator, business office personnel, Nutrition Manager, Registered Dietitian, Activities Director, Head Cook, Registered Nurses, Registered Practical Nurses, personal care workers, and dietary staff.

During the course of the inspection, the inspector toured all the home with emphasis on the dietary production and service area, dining areas and the impact on the service delivery to the residents of the current renovations. Observations were made of the dining experience of the residents in two areas and snack delivery. The menus were reviewed including the serve contract and information available in the home on the computerized menu system.

The residents' council minutes were read for the residents food opinions.

Reviewed three residents' care records in relationship to nutritional needs. The nutritional referral system was reviewed.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration  
Sufficient Staffing  
Residents' Council  
Dining Observations  
Food Quality

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

1 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/Référant envoyé**

**CO – Compliance Order/Ordres de conformité**

**WAO – Work and Activity Order/Ordres: travaux et activités**



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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. 72/10, S. 71.(1) (e) Every licensee of a long-term care home shall ensure that the home's menu cycle is approved by a registered dietitian who is a member of the staff of the home.

**Findings:** There was no home's dietitian approved menu cycle.

**Inspector ID #:** 136

**Additional Required Actions:**

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.9, s.152 (2) is hereby requested to prepare a written plan of correction for achieving compliance by having the home's dietitian approve the menu cycle to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O.Reg.79/10s26(3)15	WN		2010 144 1856 27 Jul124005	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.

*DeLores Mac Donald*

Title:	Date:	Date of Report: (if different from date(s) of inspection).
		<i>March 15, 2011</i>