



**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

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<b>Inspection Report under the LTC Homes Act, 2007</b> <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		<b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b> <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
<b>Date(s) of inspection/Date de l'inspection</b> July 29, 2010		<b>Inspection No/ d'inspection</b> 2010_121_9615_29Jul222546	<b>Type of Inspection/Genre d'inspection</b> Complaint L-00168
<b>Licensee/Titulaire</b> Corporation of the County of Oxford 52 Venison Avenue West, Tillsonburg, ON N4G 1V1			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Woodingford Lodge - Tillsonburg 52 Venison St. W., Tillsonburg, ON N4G 4V1			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Elizabeth Elvidge (#121)			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a/an complaint inspection</p> <p>The inspection was conducted by one inspector(s) identified above.</p> <p>The inspection occurred on July 29, 2010 with one inspector(s) being present on one day(s).</p> <p>During the course of the inspection, the inspector(s) spoke with: The Administrator/Director of Care, the Office Manager, the Charge Nurse and the PSWs on duty.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN 1 VPC 0 Co: CO#</p>			

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

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.

**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

- WN – Written Notifications/Avis écrit
- VPC – Plan of correction/Plan de redressement
- DR – Director Referral/Régisseur envoye
- CO – Compliance Order/Ordres de conformité
- WAO – Work and Activity Order/Ordres: travaux et activités

**WN#1: The Licensee has failed to comply with: O. Regs. 79/10, s.33(1)**

**Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.**

**Findings:**

1. 2 residents did not receive 2 baths per week from July 1 - 28/10. No evidence on the plan of care of a personal exception to this.
2. 1 resident whose plan of care indicates only wants 1 bath per week has had 1 bath from July 1-28/10.

**Further Inspector Actions:**

**VPC – pursuant to O.Regs. 79/10, s.33(1) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.**

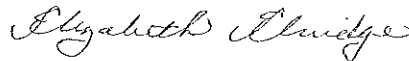
Inspector ID#: 121

Required Compliance Date for WN: Immediate

Required Compliance Date for VPC: August 29, 2010

Signature of Licensee or Designated Representative  
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).

August 12/10