



**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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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>Date(s) of inspection/Date de l'inspection</b> August 23, 2010	<b>Inspection No/ d'inspection</b> 2010-115-2939-23Aug132402	<b>Type of Inspection/Genre d'inspection</b> Complaint L00597
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**Licensee/Titulaire**  
Chartwell Master Care LP  
100 Milverton Drive  
Suite 700  
Mississauga, ON  
L5R 4H1

**Long-Term Care Home/Foyer de soins de longue durée**  
The Royal Oak LTC Ctr.  
1750 Division Rd. North  
Kingsville, ON  
N9Y 4G7

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Terri Daly #115

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector(s) spoke with: the Administrator, Directors of Care, 1 RPN, 2 PSW's

During the course of the inspection, the inspector(s): Toured the home, audited resident bed linens and linen storage areas on 4 home areas, observed staff with residents, observed afternoon snack delivery on 1 home area, reviewed resident clinical records.

The following Inspection Protocols were used in part or in whole during this inspection:  
Accommodation Services - Laundry Inspection Protocol  
Snack Observation Inspection Protocol  
Continence Care and Bowel Management Inspection Protocol  
Dignity, Choice and Privacy Inspection Protocol

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



**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8,s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

**Findings:**

The plan of care for a resident who is often incontinent and demonstrates unusual continence habits does not address these issues and or provide clear direction to staff for management of incontinence, hygiene and odour.

Interventions in the resident plan of care related to abnormal blood work, toileting interventions and the monitoring of bowel habits is not clearly set out and does not provide clear direction to staff providing direct care.

Interventions related to a dietary assessment are not indicated on the plan of care.

**Inspector ID #:** 115

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:** (if different from date(s) of inspection).

September 23, 2010