



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prevue 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**

Division de la responsabilisation et de la performance du
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection 12 January 2011	Inspection No/ d'inspection 2011_127_9620_11Jan155601	Type of Inspection/Genre d'inspection Complaint # H-03008
Licensee/Titulaire The Regional Municipality of Halton, 1151 Bronte Road, Oakville ON L6M 3L1		
Long-Term Care Home/Foyer de soins de longue durée Post Inn Village, 203 Georgian Drive, Oakville ON L6H 7H9		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection regarding improper care, call bells, maintenance and bathing.</p> <p>During the course of the inspection, the inspector spoke with the acting director of resident care, manager of resident care, registered and non-registered staff.</p> <p>During the course of the inspection, the inspector reviewed plans of care and bathing records; tested the functioning of the call bell system and recorded staff response time.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Dignity, Choice and Privacy • Safe and Secure Home <p>Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>		

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'exigences prevue le paragraph 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 prevue 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. 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:

On 12 January 2011, the inspector identified that four residents did not have a bath, shower or full body sponge bath, at minimum, twice a week as recorded on Resident Flow sheets for November and December 2010 and January 2011. In addition, entries for five identified residents in these same records were initially entered as partial bath (PB) but had been written over with shower (S or SH).

Additional Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction, to be implemented voluntarily, for achieving compliance to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice.

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).

10 March 2011