



**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

Hamilton Service Area Office  
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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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<b>Date(s) of inspection/Date de l'inspection</b> January 19, 2011	<b>Inspection No/ d'inspection</b> 2011-173-9620-19Jan102545	<b>Type of Inspection/Genre d'inspection</b> Complaint #H03008
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**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)**  
Lesa Wulff – LTC Homes Inspector – Nursing - #173

**Inspection Summary/Sommaire d'inspection**

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

During the course of the inspection, the inspector spoke with: Acting Director of Care, Unit Manager, Registered and non Registered staff.

During the course of the inspection, the inspector: Spoke with resident and family, spoke with management team, reviewed policy and procedure, and reviewed clinical health record.

The following Inspection Protocols were used during this inspection:  
Falls Prevention and Management Inspection Protocol

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/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 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 set out (c) clear directions to staff and others who provide direct care to the resident.**

**Findings:**

1. The plan of care for an identified resident contains conflicting information related to level of assistance required for ambulation. Plan of care indicates a level of assistance for toileting. The Kardex viewed, indicated a different level of assistance for toileting and transfers. The POA during interview indicated that staff are to provide a different level of assist with all transfers as per plan outlined with the unit manager.
2. Plan of care for falls for an identified does not include specific interventions as outlined by staff and nurse manager during interview.

**Inspector ID #:** 173

**Additional Required 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 for achieving compliance related to ensuring that the written plan of care for each resident provides clear direction to staff and others who provide direct care to the resident, to be implemented voluntarily.



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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). <i>Lena Wulff</i> <i>June 16/11</i>