



**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

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> August 24, 2010	<b>Inspection No/ d'inspection</b> 2010_105_2965_24Aug091608	<b>Type of Inspection/Genre d'inspection</b> CI-2965-000020-10 L-00425
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**Licensee/Titulaire**  
The Women's Christian Association of London 2022 Kains Rd. London ON N6A 0A8

**Long-Term Care Home/Foyer de soins de longue durée**  
McCormick Home for the Aged 2022 Kains Rd. London ON N6K 0A8

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
June Osborn #105

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with Administrator and the DOC.

During the course of the inspection, the inspector completed a medical record review, reviewed the home's investigation and corrective actions report, noted all memos and instructions given to staff, and reviewed the homes policy on Falls Prevention and Maintenance program, as well as specific wheelchair policy .

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 O.Reg. 79/10 s.8(1)(b). Where the Act or this regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, strategy, or system, (b) is complied with.

**Findings:**

**1. Resident was being pushed in the wheelchair without the foot rests on the chair. Policy states that anytime the wheelchair is pushed the resident's feet must be on the foot rest.**

**Inspector ID #:** #105

**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 in adhering to policy, to be implemented voluntarily.



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.	
<i>faxed to Administrator on September 13, 2010.</i>		<i>June Blom</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		<i>August 27, 2010</i>	