



**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

**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

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Bureau régional de services de London  
291, rue King, 4<sup>th</sup> étage  
London ON N6B 1R8

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
November 1, 2010	2010_115_2972_01Nov110257	Complaint L01515	
<b>Licensee/Titulaire</b> Revera Long Term Care Inc., 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga ON, L5R 4B2			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Riverside Place 3181 Meadowbrook Lane, Windsor, ON., N8T 0A4			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>			
Terri Daly #115			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection.			
During the course of the inspection, the inspector spoke with: the Administrator, DOC, 1 RPN, 1 PSW.			
During the course of the inspection, the inspector: reviewed the clinical records of 3 residents.			
The following Inspection Protocols were used in part or in whole during this inspection: Safe & Secure Home Inspection Skin and Wound Care Inspection Protocol			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
1 WN 1 VPC			



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

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

**Rapport  
d'inspection prévu  
le *Loi de 2007 les  
foyers de soins de  
longue durée***

**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit

**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire

**DR** – Director Referral/Référant envoyé

**CO** – Compliance Order/Ordre de conformité

**WAO** – Work and Activity Order/Ordre: 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 constitue 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.231 (b)

Every licensee of a long term care home shall ensure that,

(b) the resident's written record is kept up to date at all times.

**Findings:**

**Three resident Wound Assessment-Treatment Observation records have not consistently been signed and kept up to date by registered staff to reflect weekly assessments of wounds per the homes policy.**

**Inspector ID #:** 115

**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 to ensure resident's skin and wound care assessment-treatment observation records are kept up to date, 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.**

**Title:**

**Date:**

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

November 4, 2010