



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
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 3, 2010	Inspection No/ d'inspection 2010-144-9631-03Nov11018	Type of Inspection/Genre d'inspection November 3, 2010 Complaint L-01524 r/t L-01503 & L-01510	
Licensee/Titulaire Corporation of the City of Windsor, 1881 Cabana Road West, Windsor, ON N9G 1C7			
Long-Term Care Home/Foyer de soins de longue durée Huron Lodge, Corporation of the City of Windsor,			
Name of Inspector(s)/Nom de l'inspecteur(s) Carolee Milliner (#144)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection related to the resident involvement in the plan of care.			
During the course of the inspection, the inspector spoke with one Physician, the Administrator, Director of Resident Care, two Social Workers & one Registered Nurse.			
During the course of the inspection, the inspector reviewed two critical incident reports, one resident clinical record, the home policy related to Management of Advance Directives & the MOH Inquiry Information Report.			
The following Inspection Protocols were used in part or in whole during this inspection: Dignity, Choice & Privacy.			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
1 WN 1 VPC			



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NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement 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 LTCHA, 2007, S.O. c.8, s6(5)

The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Findings:

1. The Physician on interview & review of one resident clinical record confirmed one resident's treatment & medications unrelated to pain management were discontinued without participation of the substitute decision maker in the plan of care.

Inspector ID #: 144

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 substitute decision maker opportunity to fully participate in the development & implementation of the resident's plan of care, 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 15, 2010