



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

**Rapport d'inspection
prévus 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
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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

Date(s) of inspection/Date de l'inspection April 5, 2011	Inspection No/ d'inspection 2011_167_2975_05Apr094621	Type of Inspection/Genre d'inspection Inspection related to Complaint # H-03001
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Licensee/Titulaire
St. Joseph's Health System
56Governor's Road
Dundas, Ontario
L9H 5G7

Long-Term Care Home/Foyer de soins de longue durée
St. Joseph's Villa
56Governor's Road
Dundas, Ontario
L9H 5G7

Name of Inspector(s)/Nom de l'inspecteur(s)
Marilyn Tone # 167

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: The Acting Director of Care and the Manager for the unit where identified resident resided.

During the course of the inspection, the inspector: conducted a review of the health file for the identified resident.

The following Inspection Protocols were used during this inspection:

Personal Support Services Inspection Protocol
Dignity, Privacy and Choice Inspection Protocol.

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

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: Long Term Care Homes Act, 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 sets out, clear directions to staff and others who provide direct care to the resident.

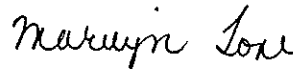
Findings:

The most current plan of care for the identified resident does not provide clear direction to staff who provide his care.

- 1) The document that the home refers to as the care plan does not provide clear direction related to the resident's continence needs or interventions in place to manage continence.
- 2) The identified resident has had a continuing health problem but this problem was not identified on the resident's document referred to as his care plan.
- 3) Conflicting information was found on the identified resident's document that is referred to as the care plan related to the provision of toileting for the resident.
- 4) It was noted in the progress notes for the identified resident that a request was made by the resident's family related to care. This request was not added to the document referred to as the care plan that provides direction to staff providing care.

Inspector ID #:

167

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).

April 14, 2011