



**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 sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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### **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 3, 2014	2014_348143_0027	O-001277-14	Resident Quality Inspection

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#### **Licensee/Titulaire de permis**

Lennox and Addington County General Hospital  
97 Thomas Street East NAPANEE ON K7R 4B9

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#### **Long-Term Care Home/Foyer de soins de longue durée**

Lennox and Addington County General Hospital  
8 Richmond Park Drive NAPANEE ON K7R 2Z4

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#### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

PAUL MILLER (143), BARBARA ROBINSON (572), SUSAN DONNAN (531), WENDY BROWN (602)

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### **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): December 1st and 2nd, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, a Registered Dietitian and residents.**

**The following Inspection Protocols were used during this inspection:**

**Dining Observation  
Falls Prevention  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care  
Specifically failed to comply with the following:**

**s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of  
the staff of the home,**

**(a) completes a nutritional assessment for all residents on admission and  
whenever there is a significant change in a resident's health condition; and O.  
Reg. 79/10, s. 26 (4).**

**(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O.  
Reg. 79/10, s. 26 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10 whereby a registered dietitian who is a member of the staff of the home did not complete a nutritional assessment for a resident when there was a significant change in the resident's health condition.

Resident #3 was assessed on a specified date by a registered dietitian Staff (S) S107. The resident has lost ~~six~~ kilograms since this assessment over a 2 month period. Resident #3 has also had a significant change in her body mass index.

On a specified date S100 (RN) was interviewed who confirmed that Resident #3 has not had a recent assessment completed by the registered dietitian and that the resident has had a significant change in health condition as evidenced by losing 6 kilograms as well as a change in her BMI. [s. 26. (4) (a),s. 26. (4) (b)]

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**Issued on this 3rd day of December, 2014**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**