

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

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	Licensee Copy/Cople du Titula	nire
Date(s) of inspection/Date de l'inspection June 1, 2011	Inspection No/ d'inspection 2011_121_2689_01Jun135809	Type of Inspection/Genre d'inspection Complaint L-000594
Licensee/Titulaire Ritz Lutheran Villa, R.R. # 5, Mitchell, ON NON	(1NO	
Long-Term Care Home/Foyer de soins de lo Mitchell Nursing Home, 184 Napier St., Mitche		
Name of Inspector(s)/Nom de l'inspecteur(s Elizabeth Elvidge #121	s)	
Inspection	ı Summary/Sommaire d'insp	pection
The purpose of this inspection was to con	duct a complaint inspection rela-	ting to personal support services.
During the course of the inspection, the in Registered Nurses, 2 PSWs, 3 residents a		of Care, the Nutritional Manager, 2
During the course of the inspection, the in policy for lost clothing.	spector reviewed PSW docume	ntation, resident's chart, and laundry
The following Inspection Protocols were un Personal Support Services Critical Incident Response	ised in part or in whole during th	is inspection:
Findings of Non-Compliance were	e found during this inspection.	The following action was taken:
2 WN 1 VPC 1 CO: CO #001		
	•	
	evised for Publication	ý.



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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/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.107(3)4

The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

4. An injury in respect of which a person is taken to hospital

Findings:

Identified resident had a fall on and was sent to hospital for X-rays. No Critical Incident completed.

Inspector ID #: 121

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 with reporting critical incidents in a timely manner, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.33(1)

Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:

Identified resident states does not always received 2 baths per week. Record of baths for the month of May/11 indicated received a bath on May 2, 5, 19, 23, 26 and 30.

Inspector ID #:

121

CO # - CO #001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.



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Signature of Licensee or Signature du Titulaire du	Representative of Licensee 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.
		Elgalieth Ilrudge
Title:	Date:	Date of Report: June 1, 2011



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

Public Copy/Copie Public

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Licensee Copy/Copie du Titulaire

Name of Inspe	ector:	Elizabeth Elvidge		Inspector ID #	121
Log #:	L	-000594			
nspection Re	port #: 2	2011_121_2689_01Jun135809			
Type of Inspe	Inspection: Complaint				
Date of Inspection:		June 1, 2011			
Licensee:	Ritz Lutheran Villa, R.R. # 5, Mitchell, ON N0K 1N0				
LTC Home:	1	Mitchell Nursing Home, 184 Napier St., Mitchell, ON N0K 1N0		10	
Name of Admi	inistrator:	or: Mr. Bob Petrushewsky			
	01 <mark>D.Reg. 79/10, s3</mark> 3	Order Type:	Compliance Ord	ler, Section 153 (1)	(a)
bathed at a m		week by the m 's hygiene req	ethod of his or uirements, unle	her choice and i ss contraindicat	nore frequentl
500 <u>(</u> I	crisco is require	d to do anythir	ng, to acnieve c	ompliance with	O.Reg. 79/10,
Grounds: Res	sident states	does not alwa	ys received 2 b	aths per week. F	Record of bath



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:.

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the Attention Registrar 151 Bloor Street West 9th Floor Toronto, ON M5S 2T5 Director

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 1st day of June , 2010.			
Signature of Inspector:	Flyabeth 'Alridge		
Name of Inspector:	Elizabeth Elvidge		
Service Area Office:	London		