Ontario

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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 17, 2010 Sept 24, 2010	2010_132_2888_19Aug103435 2010_132_2888_24Sep122430	Complaint T0199-10

Licensee/Titulaire
Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc as General Partner

Long-Term Care Home/Foyer de soins de longue durée
The Woodhaven

Name of Inspector(s)/Nom de l'inspecteur(s)
Rosemary Lam (#132)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection T0199-10

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Resident Care Coordinator, Charge nurses on several units, Personal care support worker, residents and Family member.

During the course of the inspection, the inspector reviewed resident files, held interviews, visited residents in their rooms. .

The following Inspection Protocols were used during this inspection:
Hospital and Death Inspection Protocol
Reporting & Complaints Inspection Protocol
Skin and Wound Care Inspection protocol

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

2 WN
2 VPC

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 the Long Term Care Program Manual Standards and criteria Standard B3 - Each resident shall receive care and services consistent with his/her plan of care and with Residents' Rights outlined in the Bill of Rights

Findings:

A wound therapy for a resident's wound was not provided until 6 days later.

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 ensuring equipment, supplies , devices for wound care program are provided in a timely manner for residents with the assessed needs.

WN #2: The Licensee has failed to comply with the **Long Term Care Program Manual Standards and criteria Standard A1.31** The Long-Term Care Division shall receive a copy of all written complaints received by the facility, including a description of the follow-up actions taken.

Findings:

The home has not forwarded a copy of a family member's complaint letter and a description of the follow up actions taken to the Ministry of Health. Director of Care documented on the complaint intake form that the issues were investigated, however, follow up actions for the non-medically related concerns were not listed and evidences to support that they were addressed, was not available.

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 ensuring all complaints shall be investigated and resolved where possible, and a response be provided within 10 business days of the receipt of the complaint.

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). Nov 5. 2010