

**Ministry of Health
and Long-Term Care**

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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**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
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
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February 3, 2012

Ms. Sarah Zonnenberg
Administrator
Bon Air Residence
131 Laidlaw Street South
Cannington ON L0E 1E0

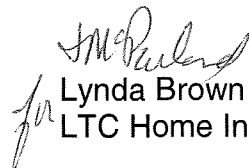
Dear Ms. Zonnenberg:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on January 13, 19 and 24, 2012 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely


Lynda Brown
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue**

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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 13, 19, 24, 2012	2012_046166_0003	Complaint

Licensee/Titulaire de permis

CHARTWELL MASTER CARE LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

BON AIR RESIDENCE
131 Laidlaw Street South, Cannington, ON, L0E-1E0

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

CAROLINE TOMPKINS (166)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Residents, Family members, the Administrator, the acting Director of Care, the Assistant Director of Care and Personal Support Workers.

During the course of the inspection, the inspector(s) observed residents, observed the use of oxygen equipment, reviewed residents' clinical health records and reviewed the licensee policy on Oxygen Therapy.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

- 1. Customary routines.**
- 2. Cognition ability.**
- 3. Communication abilities, including hearing and language.**
- 4. Vision.**
- 5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.**
- 6. Psychological well-being.**
- 7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.**
- 8. Continence, including bladder and bowel elimination.**
- 9. Disease diagnosis.**
- 10. Health conditions, including allergies, pain, risk of falls and other special needs.**
- 11. Seasonal risk relating to hot weather.**
- 12. Dental and oral status, including oral hygiene.**
- 13. Nutritional status, including height, weight and any risks relating to nutrition care.**
- 14. Hydration status and any risks relating to hydration.**
- 15. Skin condition, including altered skin integrity and foot conditions.**
- 16. Activity patterns and pursuits.**
- 17. Drugs and treatments.**
- 18. Special treatments and interventions.**
- 19. Safety risks.**
- 20. Nausea and vomiting.**
- 21. Sleep patterns and preferences.**
- 22. Cultural, spiritual and religious preferences and age-related needs and preferences.**
- 23. Potential for discharge. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :

- 1. 1. There is no evidence in the resident's written plan of care that identifies an assessment relating to the reasons for the resident's need for oxygen use. [s.26.(3)9]**
- 2. There is no evidence in the resident's written plan of care of interventions and goals for the management of the resident's condition and the use of oxygen therapy.[s.26.(3)18]**

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

