

**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 conformitéLondon Service Area Office  
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| <b>Inspection Report under the LTC Homes Act, 2007</b><br><input checked="" type="checkbox"/> Public Copy<br><input type="checkbox"/> Licensee Copy                                                                                                                                   |  | <b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b><br><input type="checkbox"/> Copie du Titulaire<br><input type="checkbox"/> Copie de la Publique |                                                           |
| <b>Date(s) of inspection/Date de l'inspection</b><br>July 21, 2010                                                                                                                                                                                                                    |  | <b>Inspection No/<br/>d'inspection</b><br>2010_105_886_21Jul1<br>00634                                                                                                                   | <b>Type of Inspection/Genre d'inspection</b><br>Complaint |
| <b>Licensee/Titulaire</b><br>Grosvenor Health Care Partnership (No.3)                                                                                                                                                                                                                 |  |                                                                                                                                                                                          |                                                           |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Bonnie Brae Health Care Centre                                                                                                                                                                                           |  |                                                                                                                                                                                          |                                                           |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>June Osborn                                                                                                                                                                                                                     |  |                                                                                                                                                                                          |                                                           |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                       |  |                                                                                                                                                                                          |                                                           |
| The purpose of this inspection was to conduct a complaint inspection                                                                                                                                                                                                                  |  |                                                                                                                                                                                          |                                                           |
| The inspection was conducted by one inspector identified above.                                                                                                                                                                                                                       |  |                                                                                                                                                                                          |                                                           |
| The inspection occurred on July 21, 2010 with one inspector being present on one day.                                                                                                                                                                                                 |  |                                                                                                                                                                                          |                                                           |
| During the course of the inspection, the inspector spoke with:<br>The Director of Care, 2 RPNs, and 1 PSW. A review of 2 resident records including the plans of care was completed. The 2 resident rooms were observed. Observation of the nurses work station was also carried out. |  |                                                                                                                                                                                          |                                                           |
| The following Inspection Protocols were used in part or in whole during this inspection:<br>Personal Support Services                                                                                                                                                                 |  |                                                                                                                                                                                          |                                                           |
| 2 Findings of Non-Compliance were found during this inspection. The following action was taken:<br>2 WN<br>2 VPC                                                                                                                                                                      |  |                                                                                                                                                                                          |                                                           |

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'exigences 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.

## NON- COMPLIANCE / (Non-respectés)

### Definitions/Définitions

WN – Written Notifications/Avis écrit  
VPC – Plan of correction/Plan de redressement  
DR – Director Referral/Régisseur envoye  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: LTCHA, 2007 S.O. 2007, c. 8, s6(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,

(c) clear directions to staff and others who provide direct care to the resident.

### Findings:

1. Resident (ID 1000003) plan of care states "Initiate turning schedule and assist in repositioning as applicable" related to a stage 3 ulcer.
2. Resident (ID 1000002) plan of care states "Initiate turning schedule and assist in repositioning as applicable.
3. Resident (ID 1000002) plan of care states : Bowel Care "Follow bowel protocol as per policy.

### Further Inspector Actions:

VPC- Pursuant to LTCHA, 2007, S.O. 2007, c.8, s6(1)(c) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with s6(1)(c). This is to be implemented voluntarily.

Inspector ID#: 105

Required Compliance Date for WN: August 3, 2010

Required Compliance Date for VPC: August 13, 2010

WN#2: The Licensee has failed to comply with: O.Reg.79/10, s 26(3)21:

A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Sleep patterns and preferences.

### Findings:

1. Resident (ID 1000003) plan of care has no notation re: assessed sleep patterns or preferences.
2. Resident (ID 1000002) plan of care has no notation re: assessed sleep patterns or preferences.

### Further Inspector Actions:

VPC- Pursuant to O. Reg. 79/10, s26(3)21 the licensee is hereby requested to prepare a written plan of correction for achieving compliance with s26(3)21. This is to be implemented voluntarily.

Inspector ID#: 105

Required Compliance Date for WN: August 3, 2010

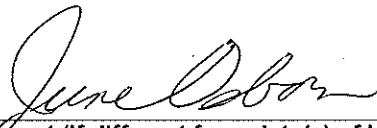
Required Compliance Date for VPC: August 13, 2010

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'exigences 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.

|                                                                                                                    |              |                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Signature of Licensee or Designated Representative</b><br><b>Signature du Titulaire du représentant désigné</b> |              | <b>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.</b> |
| <br><br><br><br><br><br><br><br><br><br>                                                                           |              |                                                                                                                               |
| <b>Title:</b>                                                                                                      | <b>Date:</b> | <b>Date of Report (if different from date(s) of inspection).</b><br>August 3, 2010                                                                                                                              |