



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

**Rapport d'inspection
prévus 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

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

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ème} étage
Toronto, ON M4V 2Y7

**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

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

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

Facsimile: 416-327-4486

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
May 26, June 1, 8, 9, 16, 2011	2011_164_2696_16Jun111218	Complaint

Licensee/Titulaire

Oakwood Retirement Communities Inc., C/O Schlegel Villages, 325 Max Becker Drive, Suite 201, Kitchener, ON N2E 4H5

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

Coleman Care Centre, 140 Cundles Road West, Barrie, ON L4N 9X8

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

Gloria Still, Inspector #164

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection relating to care and services provided to an identified resident.

During the course of the inspection, the inspector spoke with: General Manager, Nurse Consultant, Registered Staff, PSW staff, ward clerk, residents and family member.

During the course of the inspection, the inspector observed care and services provided to residents, interviewed residents and staff, reviewed health care record of an identified resident, reviewed bath schedule, reviewed staffing schedule.

The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services, Safe & Secure Home, Sufficient Staffing.

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

- 1 WN
- 1 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 Homes Act, 2007, 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 this or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:

- An identified resident reported that he/she is provided a shower and that their preference is a tub bath.
- The care plan and bath schedule for the identified resident indicates a tub bath is to be provided.
- Staff reported the identified resident is provided a shower.

Inspector ID #: 164

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 to ensure that an identified resident is bathed, at a minimum, twice a week by the method of this or her choice, unless contraindicated by a medical condition, to be implemented voluntarily.

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).

June 29, 2011