



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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Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée ☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection July 28 & 29, 2010		Inspection No/ d'inspection 2010_128_1115	Type of Inspection/Genre d'inspection Other
Licensee/Titulaire Copper Terrace Limited 284 Central Avenue London, ON N6B 2C8			
Long-Term Care Home/Foyer de soins de longue durée Copper Terrace 91 Tecumseh Road Chatham, ON N7M 1B3			
Name of Inspector(s)/Nom de l'inspecteur(s) Ruth Hildebrand (ID #128)			
Inspection Summary/Sommaire d'inspection			
The following issue was identified while conducting Dietary Follow-up inspection 2010_128_1115. The issue identified was unrelated to the Inspection Protocols being utilized during the review. The inspection was conducted by the one (1) inspector identified above. The inspection occurred on July 28 & 29, 2010 with the one (1) inspector being present on both days. During the course of the inspection, the inspector spoke with members of the management team, including the Assistant Director of Resident Care and the Nutrition Manager; residents who reside on 3 North (3N), 3 East (3E), 2 North (2N) and 2 East (2E); staff on all of these areas, dietary aides; and Registered Nursing staff. A review of resident records was completed. On July 28, 2010, morning snack was observed on 2N and for one resident on 3N; lunch was observed in the 3N dining room; and partial supper was observed on 2E. On July 29, 2010 partial breakfast was observed on 2N. Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance. Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN 1 VPC 0 Co: CO#			

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, s. 3(1)1
Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

1. On July 28, 2010 at 10:49 a.m., observed a resident being bathed in tub room, on 3N, without shower curtain fully closed. Exposed resident was visible from hallway.

Further Inspector Actions:

VPC –pursuant to LTCHA 2007, S.O 2007, c.8, s.3(1)(1) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

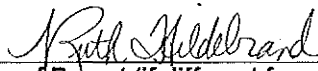
Inspector ID#: 128

Required Compliance Date for WN – Immediate

Required Compliance Date for VPC – August 19,2010

Signature of Licensee or Designated Representative
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).
September 9, 2010