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
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☐ **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**
November 3, 2010	2010-144-9631-03Nov11018	November 3, 2010 Complaint L-01524 r/t L-01503 & L-01510

Licensee/Titulaire
Corporation of the City of Windsor, 1881 Cabana Road West, Windsor, ON N9G 1C7

Long-Term Care Home/Foyer de soins de longue durée
Huron Lodge, Corporation of the City of Windsor,

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

Carolee Milliner (#144)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the resident involvement in the plan of care.

During the course of the inspection, the inspector spoke with one Physician, the Administrator, Director of Resident Care, two Social Workers & one Registered Nurse.

During the course of the inspection, the inspector reviewed two critical incident reports, one resident clinical record, the home policy related to Management of Advance Directives & the MOH Inquiry Information Report.

The following Inspection Protocols were used in part or in whole during this inspection:
Dignity, Choice & Privacy.

☒ 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 LTCHA, 2007, S.O. c.8, s6(5)
The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Findings:
1. The Physician on interview & review of one resident clinical record confirmed one resident's treatment & medications unrelated to pain management were discontinued without participation of the substitute decision maker in the plan of care.

Inspector ID #:	144

Additional Required Actions:
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 related to substitute decision maker opportunity to fully participate in the development & implementation of the resident's plan of care, 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). November 15, 2010