



**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

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

Division de la responsabilisation et de la performance du  
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|                                                                        |                                                                 |                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Date(s) of inspection/Date de l'inspection</b><br>November 17, 2010 | <b>Inspection No/ d'inspection</b><br>2010-144-8606-17Nov103549 | <b>Type of Inspection/Genre d'inspection</b><br>L-01706 Follow-Up |
|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|

**Licensee/Titulaire**

The United Mennonite Home & Apartments, 22 Garrison Avenue, Leamington, ON N8H 2P2

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

Leamington Mennonite Home, 35 Pickwick Drive, Leamington, N8H 4X5

**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 follow-up inspection related to two (2) unmet standards/criteria issued prior to July 1, 2010.

During the course of the inspection, the inspector spoke with the Director of Care, one RN & two PSW's.

During the course of the inspection, the inspector reviewed 13 resident clinical records & the Home memo related to AM & PM Routines.

The following Inspection Protocols were used in part or in whole during this inspection:  
AdHoc Notes

☒ There are no findings of Non-Compliance as a result of this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

### 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.

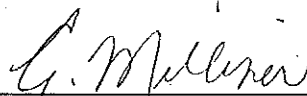
### CORRECTED NON-COMPLIANCE

#### Non-respects à Corrigé

| REQUIREMENT<br>EXIGENCE                                                                                | TYPE OF<br>ACTION/ORDER | ACTION/<br>ORDER # | INSPECTION REPORT # | INSPECTOR ID # |
|--------------------------------------------------------------------------------------------------------|-------------------------|--------------------|---------------------|----------------|
| NHA Ch.7 sB3.46,<br>LTC Home<br>Program Manual,<br>now found in<br>LTCHA, 2007, S.O.<br>s.6(7)         |                         |                    |                     | 144            |
| NHA Ch.7 sB2.4,<br>LTC Home<br>Program Manual,<br>now found in<br>LTCHA, 2007, S.O.<br>s.6(1)(a)(b)(c) |                         |                    |                     | 144            |

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 24, 2010