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
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Telephone: 519-675-7680
Facsimile: 519-675-7685

Bureau régional de services de London
291, rue King, 4lém étage
London ON N6B 1R8

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

☐ 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
December 2, 2010	2010_121_2689_02Dec143323	Complaint L-01689

Licensee/Titulaire
Ritz Lutheran Villa, R.R. #5, Mitchell ON, N0K 1N0

Long-Term Care Home/Foyer de soins de longue durée
Mitchell Nursing Home, 184 Napier St., Mitchell, ON N0K 1N0

Name of Inspector(s)/Nom de l'inspecteur(s)
Elizabeth Elvidge #121

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection relating to residents getting baths.

During the course of the inspection, the inspector spoke with: The Assistant Director of Care, Rai Coordinator, PSWs and residents.

During the course of the inspection, the inspector: Reviewed timesheets

The following Inspection Protocols were used in part or in whole during this inspection:
Personal Support Services

☒ 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 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 his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:
4 residents, 4 staff and the ADOC interviewed and stated the residents do not always get 2 baths per week because of the Home working short-staffed.
Staff timesheets reviewed - From Oct. 25/10 - Nov. 7/10 there were a total of 12 full shifts, (4 hr or 8 hr) and 2 partial shifts of 4hr. And 41/2 hr.) not filled.
Current staff timesheet reviewed - From Nov. 22/10 - Dec. 1/10 there were a total of 8 4hr. Shifts and 2 8hr shifts not covered.

Inspector ID #:	121

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 to ensure residents receive a minimum of two baths per week, 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. Elizabeth Eldridge
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).