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, 4iém 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
November 24, 2010	2010_187_2689_24Nov093224	Complaint L-01751

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

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

Name of Inspector(s)/Nom de l'inspecteur(s)
Brenda Gauld (#187)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection concerning resident care. A follow up was also completed on a 2 previously issued unmet criteria.

During the course of the inspection, the inspector spoke with: the ADOC, RAI coordinator, RN and 3 PSWs.

During the course of the inspection, the inspector reviewed 5 resident charts, the staffing schedule and observed several residents at various different times.

The following Inspection Protocols were used in part or in whole during this inspection:
Continence care and bowel management
Pain

☒ 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.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
C1.5, LTC Homes Program Manual, now found in LTCHA, 2007, S.O. c. 8, s. 71(4)(b).	Unmet criteria		N/A	
O. Reg.79/10, s. 33(1)	WN/VPC		2010_112_2689_31Aug083024	#112

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. Brenda Gauld
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). November 29, 2010