

**Ministry of Health
and Long-Term Care**

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
Facsimile: 613-569-9670

**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
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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October 25, 2011

Ms. Deborah Skeaff
Administrator
Picton Manor Nursing Home
9 Hill Street
P.O. Box 920
Picton ON K0K 2T0

Dear Ms. Skeaff:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted on August 02, 3, and October 13, 2011 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the **Inspection Report-Public Copy** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,


Paul Miller
LTC Home Inspector – Nursing

c President, Resident's Council
President, Family Council



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Homes Act, 2007

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Rapport d'inspection
prévus le Loi de 2007 les
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 2, 3, Oct 13, 2011	2011_049143_0017	Complaint

Licensee/Titulaire de permis

SENIORSCARE OPERATIONS (HCL) LP
2500 - 360 Main Street, Winnipeg, ON, R3C-4H6

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

PICTON MANOR NURSING HOME
9 HILL STREET, P.O. BOX 920, PICTON, ON, K0K-2T0

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

PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Nursing, Registered Nurses, Registered Practical Nurses, Personal Support Workers and dietary staff.

During the course of the inspection, the inspector(s) Reviewed the resident health record, observed resident care and reviewed policies and procedures.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Pain

Personal Support Services

Snack Observation

Findings of Non-Compliance were found during this inspection.



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NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following subsections:

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. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. A review of the homes Skin Assessment forms indicated that a bath was not documented as being given/and or refused on the scheduled bath day (Wednesday and Sunday) for the following dates: November 10, 17, 23 and 28th, 2010, and January 2, 2011.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following subsections:

s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

Findings/Faits saillants :

1. A review of the January 2011 Skin Assessment form indicated that from January 1 to January 21, 2011 that finger nails and toe nails were not trimmed.

Issued on this 13th day of October, 2011



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Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

P. Miller