



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus 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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

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Date(s) of inspection/Date de l'inspection December 10, 2010	Inspection No/ d'inspection 2010_117_9567_10Dec101247	Type of Inspection/Genre d'inspection Complaint Log # O-001369
Licensee/Titulaire United Counties of Prescott and Russell 59 Court Street Box 304 L'Orignal, ON K0B 1K0 FAX : 1-613-675-4547		
Long-Term Care Home/Foyer de soins de longue durée Résidence Prescott et Russell 1020 Cartier Boulevard Hawkesbury, ON K6A 1W7 Fax: (613) 632-4056		
Name of Inspector(s)/Nom de l'inspecteur(s) Lyne Duchesne #117		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a complaint inspection related to a resident's night time bed routine and to 2nd floor residents evening meal time routine.

During the course of the inspection, the inspector spoke with the home's Administrator, the home's Director of Care; to two Registered Practical Nurses on the 1st and 2nd floor resident care units, to two Health Care Aids from the 1st and 2nd floor resident care units, to the home's Food Service Supervisor and to two identified residents.

During the course of the inspection, the inspector reviewed the health care records of the two identified residents as well as the daily care flow sheets and food /fluid intake sheets for 9 residents of the 2nd floor unit, reviewed the 1st and 2nd resident care unit's 24-hour nursing report, observed the 1st floor main dining room and smaller dining room.

The following Inspection Protocols were during this inspection:

- Personal Support Services
- Nutrition and Hydration

There are no findings of Non-Compliance found during this inspection

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.

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).

January 21, 2010