



**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

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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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Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection
August 23, 2010

Inspection No/ d'inspection
2010-115-2939-23Aug132402

Type of Inspection/Genre d'inspection
Complaint L00597

Licensee/Titulaire
Chartwell Master Care LP
100 Milverton Drive
Suite 700
Mississauga, ON
L5R 4H1

Long-Term Care Home/Foyer de soins de longue durée
The Royal Oak LTC Ctr.
1750 Division Rd. North
Kingsville, ON
N9Y 4G7

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly #115

Inspection Summary/Sommaire d'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, Directors of Care, 1 RPN, 2 PSW's

During the course of the inspection, the inspector(s): Toured the home, audited resident bed linens and linen storage areas on 4 home areas, observed staff with residents, observed afternoon snack delivery on 1 home area, reviewed resident clinical records.

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

Accommodation Services - Laundry Inspection Protocol
Snack Observation Inspection Protocol
Continence Care and Bowel Management Inspection Protocol
Dignity, Choice and Privacy Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8,s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings:

The plan of care for a resident who is often incontinent and demonstrates unusual continence habits does not address these issues and or provide clear direction to staff for management of incontinence, hygiene and odour.

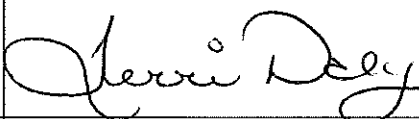
Interventions in the resident plan of care related to abnormal blood work, toileting interventions and the monitoring of bowel habits is not clearly set out and does not provide clear direction to staff providing direct care.

Interventions related to a dietary assessment are not indicated on the plan of care.

Inspector ID #: 115

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).

September 23, 2010