



Ministry of Health and
Long-Term Care

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

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Health System Accountability and Performance
Division

Performance Improvement and Compliance Branch

Division de la responsabilisation et de la
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 3, 7, 8, 9, 21, 23, 2012	2012_054133_0004	Critical Incident

Licensee/Titulaire de permis

SHERWOOD PARK MANOR

1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

SHERWOOD PARK MANOR

1814 County Road #2 East, BROCKVILLE, ON, K6V-5T1

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, the Assistant Director of Nursing, the Maintenance Assistant, the Department Assistant and Occupational Health and Safety Representative, the Infection Control Nurse, Registered Nursing Staff, Personal Support Workers, residents and a resident's visiting family member.

During the course of the inspection, the inspector(s) reviewed Critical Incident Report 2640-000035-11, inspected bedroom 302 and 106, reviewed the results of the air sample taken in room 106 in November 2011 and reviewed documentation related to exploratory excavation completed at the exterior of room 106 and 304 in November 2011.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 104. Beds allowed under licence
Specifically failed to comply with the following subsections:**

s. 104. (2) Every licensee shall ensure that all the beds that are allowed under the licence are occupied or are available for occupation. 2007, c. 8, s. 104. (2).

Findings/Faits saillants :

1. As per the LTCHA, 2007, c.8, s. 104 (2), The licensee has failed to ensure that all beds that are allowed under the licence are occupied or are available for occupation.

On August 23rd, 2011, Sherwood Park Manor Administrator Shawn Souder advised the MOHLTC that the two residents that were residing in room 106 had been moved to other rooms in the home and that room 106 was being closed due to a lingering musty odor.

As per LTCHA, 2007, c.8, s.104 (3), if beds are unoccupied or unavailable for occupancy for 14 consecutive days or more, the licensee must obtain written permission from the Director for the beds not to be available for occupancy.

On October 14th, 2011 the Ottawa Service Area Office (OSAO) manager sent a "Beds in Abeyance Application Form" via email to the Administrator which was copied to inspector #133. On October 19th 2011, receipt of this document was acknowledged by the Administrator via an email, which was also copied to inspector #133, and it was noted by the Administrator that he had completed a draft and intended to submit a finalized version "in the next day or two".

On February 3rd, 2012, inspector #133 began the inspection and noted that room 106 was still closed due to a lingering musty odor. Results of an air sample that was collected in room 106 on November 10th 2011 concluded that mold spores present in the air sample were all present in the exterior reference air sample and were in lower concentrations. The results indicate that a person's exposure to mold spores would be higher outside of the building than inside of room 106. Inspector #133 went into room 106 on February 3rd, 7th, 8th and 9th and noted an obvious and lingering musty odor which varied in intensity day by day.

During the inspection, the Administrator explained that he had not submitted the application to put the two beds in room 106 into abeyance because a representative from the South East LHIN had advised him that it was not required as long as Sherwood Park Manor maintained an occupancy rate of 97% or above. The Administrator indicated that an occupancy rate above 97% has been maintained and therefore he did not think it was necessary to complete the Beds in Abeyance Application Form that had been sent to him by the OSAO manager in October 2011.

On February 10th 2012, the Administrator did submit a Beds in Abeyance Application Form to the MOHLTC.



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Issued on this 23rd day of February, 2012

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

Jessica Lapensée