



**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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

**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

Telephone: 519-675-7680
Facsimile: 519-675-7685

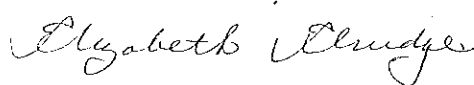
Téléphone: 519-675-7680
Télécopieur: 519-675-7685

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 1 and 14, 2010	Inspection No/ d'inspection 2010_121_2624-01Oct160556	Type of Inspection/Genre d'inspection Complaint – L-01195
Licensee/Titulaire Revera Long Term Care Inc., 55 Standish Court, 8 th floor, Mississauga, ON L5R 4B2		
Long-Term Care Home/Foyer de soins de longue durée Summit Place, 850 – 4th St. East, Owen Sound, ON N4K 6A3		
Name of Inspector(s)/Nom de l'inspecteur(s) Elizabeth Elvidge (#121)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to care and nutritional needs.		
During the course of the inspection, the inspector spoke with: The Executive Director, the Director of Care, the Assistant Director of Care, Registered nurse, 2 RPNs, dietary worker		
During the course of the inspection, the inspector: Reviewed documentation and a policy.		
The following Inspection Protocols were used in part or in whole during this inspection: Dining Observation		
☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN		

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 <i>Long-Term Care Homes Act, 2007</i> (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 <i>Loi de 2007 les foyers de soins de longue durée</i> 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.
WN #1: The Licensee has failed to comply with: O. Reg. 79/10, s.8(1)(b) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, and is complied with.	
Findings: 24 hr fluid intake for the resident from Sept. 14 to 23/10 indicated a total fluid intake each day of under 1000c.c. The Home policy/procedure states that if the resident has 3 consecutive days with a fluid intake under 1000c.c that the nursing staff are to send a Liason/Referral form to the Dietary dept.for Dietitian review. This was not done.	
Inspector ID #:	121

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). October 18, 2010