



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

**Rapport d'inspection
prévue 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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 9, 2010	2010-115-2541-09Sep102048	Critical Incident L-00917
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 Versa Care Windsor Place, 350 Dougall Avenue, Windsor, ON N9A 4P4		
Name of Inspector(s)/Nom de l'inspecteur(s) Terri Daly #115 Sandra Fysh #190		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Critical Incident inspection. During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Assistant Director of Care, 1 RPN, RAI Coordinator, and 1 resident. During the course of the inspection, the inspector(s): reviewed the CI report related to the incident, reviewed clinical record of resident. The following Inspection Protocols were used in part or in whole during this inspection: Dignity, Choice and Privacy Inspection Protocol ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 3 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 *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.

WN #1: The Licensee has failed to comply with LTCHA, S.O. 2007, c.8, s6(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 does not include clear directions for staff, related to medication administration.

Inspector ID #: 115 & 190

WN #2: The Licensee has failed to comply with LTCHA, S.O. 2007, c.8, s6(10)(c)

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, care set out in the plan has not been effective. 2007, c. 8., s. 6 (10).

Findings:

The plan of care is not current and has not been revised to reflect particular individual medication administration techniques and interventions.

Inspector ID #: 115 & 190

WN #3: The Licensee has failed to comply with LTCHA, S.O. 2007, c.8, s6(2)

The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2)

Findings:

The plan of care identifies goals however interventions are vague and do not reflect needs and preferences of the resident.

Inspector ID #: 115 & 190

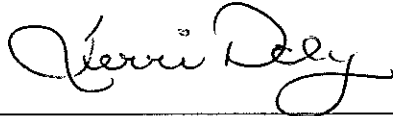


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title:	Date:	Date of Report: (if different from date(s) of inspection). September 30, 2010