

**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 conformitéLondon Service Area Office
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Inspection Report under the LTC Homes Act, 2007		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée	
☒ Public Copy ☐ Licensee Copy		☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
July 29, 2010	2010_121_9615_ 29Jul222546	Complaint L-00168	
Licensee/Titulaire			
Corporation of the County of Oxford 52 Venison Avenue West, Tillsonburg, ON N4G 1V1			
Long-Term Care Home/Foyer de soins de longue durée			
Woodingford Lodge - Tillsonburg 52 Venison St. W., Tillsonburg, ON N4G 4V1			
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/an complaint inspection The inspection was conducted by one inspector(s) identified above. The inspection occurred on July 29, 2010 with one inspector(s) being present on one day(s). During the course of the inspection, the inspector(s) spoke with: The Administrator/Director of Care, the Office Manager, the Charge Nurse and the PSWs on duty. The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance. Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN 1 VPC 0 Co: CO#			

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'exigences 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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: O. Regs. 79/10, s.33(1)

Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Findings:

1. 2 residents did not receive 2 baths per week from July 1 - 28/10. No evidence on the plan of care of a personal exception to this.
2. 1 resident whose plan of care indicates only wants 1 bath per week has had 1 bath from July 1-28/10.

Further Inspector Actions:

VPC – pursuant to O.Regs. 79/10, s.33(1) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.

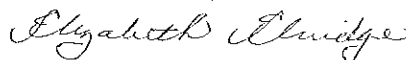
Inspector ID#: 121

Required Compliance Date for WN: Immediate

Required Compliance Date for VPC: August 29, 2010

Signature of Licensee or Designated Representative
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).

August 12/10