Ontario

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 conformité

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Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy	**Rapport d'inspection prevue de le Loi de 2007 les foyers de soins de longue durée** ☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection July 29, 2010	**Inspection No/ d'inspection** 2010_121_9615_ 29Jul222546	**Type of Inspection/Genre d'insptection** 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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue dureé* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue 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 envoye
CO – Compliance Order/Ordres de conformité
WAO – Work and Acitvity Order/Ordres: travaux et activitiés

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.** Elizabeth Elvidge
Title: **Date:**	**Date of Report (if different from date(s) of inspection).** August 12/10