



**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

London Service Area Office
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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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Date of inspection/Date de l'inspection

September 3, 2010

Inspection No/ d'inspection

2010-137-9632-02Sep141544

Type of Inspection/Genre d'inspection

Critical Incident M632-000011-10
L-00174

Licensee/Titulaire

County of Oxford
300 Juliana Drive
Woodstock, ON N4V 0A1

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

Woodingford Lodge – Woodstock
300 Juliana Drive
Woodstock, ON N4V 0A1

Name of Inspectors/Nom de l'inspecteurs

Kim White and Marian C. Mac Donald - # 137

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspectors spoke with: Manager of Resident Services and PSW's.

During the course of the inspection, the inspectors: reviewed PSW Kardex, resident chart, plan of care, incident report, progress notes, post-fall assessment, TAR and Lift & Transfer policy.

There were no Inspection Protocols used in part or in whole during this inspection:

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

[2] WN
[2] VPC

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, 2007, S.O 2007, c.8, s.6(7)

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

For the resident identified in the CIS report, the plan of care, related to transferring and toileting indicates the resident requires 2 persons side by side due to unsteadiness and is not to be left alone for toileting. At the time of the CIS, resident was transferred with one person.

Inspector ID #:
137

Additional Required Actions: [

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, related to plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with : O. Reg. 79/10, s.36

Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Findings: For the resident identified in the CIS report, the plan of care indicates resident was to have 2 persons side by side for transferring. Resident was placed on toilet by one staff member and left alone.

Inspector ID #:
137

Additional Required Actions: [

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, related to plan of care, to be implemented voluntarily.



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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. <i>Marian G. MacDonald</i>
Title:	Date:	Date of Report: September 10, 2010