

Ministry of Health
and Long-Term Care

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

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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
Bureau régional de services de Toronto

55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

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OCT 27 2010

Ms. Della Skelsey
Administrator
Aurora Resthaven
32 Mill Street
Aurora ON L4G 2R9

Dear Ms. Skelsey:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **August 18, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the **Inspection Report-Public Copy** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cathy Palmer".
for Cathy Palmer
LTC Homes Inspector



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

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

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Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection

August 18, 2010

Inspection No/
d'inspection

2010_152_2630_17Aug152108

Type of Inspection/Genre d'inspection

Complaint

Licensee/Titulaire

Chartwell Master Care LP
100 Milverton Drive, Suite 700
Mississauga, ON
L5R 4H1

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

Aurora Resthaven
32 Mill Street
Aurora ON L4G 2R9

Name of Inspector(s)/Nom de l'inspecteur(s)

Catherine Palmer (152)

Inspection Summary/Sommaire d'inspection



The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, RAI coordinator

During the course of the inspection, the inspector reviewed complaint records.

The following Inspection Protocols were used in part or in whole during this inspection:
Reporting and Complaints Inspection Protocol

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

[1] WN
[1] VPC

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notification/ Avis écrit
VPC – Voluntary Plan of Correction/ Plan de redressement volontaire
DR – Director Referral/ Référer au directeur
CO – Compliance Order/ Ordre de conformité
WAO – Work and Activity Order/ Ordre de travail et d'activités

The following constitutes written notification of non-compliance under paragraph 1 of section 182 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 the Act in subsection 2(1) of the LTCHA.

Le suivant constitue un avis écrit de l'exigence prévue le paragraphe 1 de l'article 182 de la Loi de 2007 les foyers de soins de longue durée.

Non-respect avec les exigences sur la Loi de 2007 les foyers de soins de longue durée a trouvé. Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de l'exigence prévue par la présente loi au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O Regulation 79/10 s 101(1)1, 101 (1)3I, 101 (2) (a), (b), (c), (d), (e) 101 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows: (1) The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. (3) A response shall be made to the person who made the complaint, indicating, (i) what the licensee has done to resolve the complaint. 101 (2) The licensee shall ensure that a documented record is kept in the home that includes, (a) the nature of each verbal or written complaint; (b) the date the complaint was received; (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to



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be taken and any follow-up action required; (d) the final resolution, if any; (e) every date on which any response was provided to the complainant and a description of the response;

Findings:

1. There is no record of a written response as per paragraph 3 regarding complaint items identified in 10 written complaint letters received by the home from a complainant between April 19-June 14, 2010.
2. There is no record in the home of any verbal and/or written response provided to the complainant for complaint letters dated May 6, 14, 17, 25, 2010 and June 7, 2010.
3. There is no documentation to support that a response has been made to the complainant regarding what licensee has done to resolve the identified complaint concerns. There is no documented record that notes final resolution of identified complaint concerns.
4. The home's complaint log does not include all complaints received by the home from the complainant including date received and the subsequent nature of the complaints dated May 6, 14, 17, 25, 2010 and June 7, 2010.
5. There is no record of type of action taken to resolve complaint concerns, the date action taken, and time frames for action to be taken as well as follow up action.

Inspector ID #: 152

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 [identify what the written plan must cover to achieve compliance], to be implemented voluntarily.

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.

Katherine Jackson

Cathy Palmer (152)

Title:

Adminstrator

Date:

Oct 12/10

Date of Report (If different from date(s) of inspection).

October 12, 2010.