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

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

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, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

Ontario

JAN 0 6 2011

Ms. Janet Iwaszczenko
Administrator
Bloomington Cove
13621 Ninth Line
Stouffville, ON L4A 7X3

Dear Ms. Iwaszczenko:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **November 8, 9, 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. Marsillo

for Susan Squires
LTC Homes Inspector

Ontario

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

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

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

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ 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
November 8th and 9th, 2010	2010_109_2697_08Nov103038	Critical Incident Log # T 2242

Licensee/Titulaire
Specialty Care Inc.
400 Applewood Crescent Suite 110
Vaughan, ON L4K 0C3

Long-Term Care Home/Foyer de soins de longue durée
Bloomington Cove
13621 -9th Line
Stoufville, ON L4A 7X3

Name of Inspector(s)/Nom de l'inspecteur(s)
Susan Squires - 109

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, Associate Director of Care, RPN, PSW, Family member, Resident**

During the course of the inspection, the inspector: **Review of Care unit, review of health record, review of policies for Abuse and education.**

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse

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

2 - WN

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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*

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.	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-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.)	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(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, (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings:

1. There was no plan of care to manage a resident who is incontinent of bowel and bladder functions.

Inspector ID #:	109

WN # 2: The Licensee has failed to comply with: **O.Reg 79/10 s.104(1)4**
In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

4. **Analysis and follow-up action, including,**
   a. **the immediate actions that have been taken to prevent recurrence, and**
   b. **the long-term actions planned to correct the situation and prevent recurrence**

Findings:

1. The Critical incident did not state what long-term actions have been planned to correct this situation and prevent recurrence. The home did not complete analysis and follow up of the incident of abuse.

It is noted that the home has followed up with the immediate actions taken to prevent recurrence.

Inspector ID #:	109

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.** (109)
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Nov. 26, 2010