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

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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

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Ontario

MAR 2 4 2011

Ms. Luanne Campeau
Administrator
Bradford Valley
2656 Line 6
Bradford, ON L3Z 3H5

Dear Ms. Campeau:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **February 15, 17, 23, 2011** 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

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*

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☐ 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
February 15, 17, & 23, 2011	2011_109_2905_15Feb104210	Complaint Log # 136

Licensee/Titulaire
Specialty Care Inc.
400 Applewood Crescent Suite 110
Vaughan, ON L4K 0C3
Phone 905-695-2930
Fax: 905-695-2940

Long-Term Care Home/Foyer de soins de longue durée
Bradford Valley
2656 Line 6
Bradford, ON L3Z 3H6

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 complaint inspection.

During the course of the inspection, the inspector spoke with: Administrator, Acting Director of Care, Corporate Nurse Consultant, and PSW Staff.

During the course of the inspection, the inspector: Reviewed the health record for a resident. Conducted a walk through of the home areas.

The following Inspection Protocols were used in part or in whole during this inspection: Skin and Wound Care

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

2 - WN

Ontario

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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. 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 O. Reg. 79/10 s131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

Findings:
An identified resident did not receive medication as prescribed by the physician.

Inspector ID #:	109

WN #2: The Licensee has failed to comply with O. Reg. 79/10 s. 17 (1) (b). Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

Findings:

A resident was heard calling out for help. Inspector responded to the residents' calls and observed the residents' call bell to be lying on the floor behind inaccessible for use.

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.
Title: Date:	Date of Report (if different from date(s) of inspection): Mar 2, 2011