



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

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

**Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
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| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|-----------------------------------------------|-----------------------------------|---------------------------------------|
| Nov 8, 21, 22, 2011                           | 2011_085152_0002                  | Complaint                             |

**Licensee/Titulaire de permis**

PARAGON HEALTH CARE INC  
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1

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

CASA VERDE HEALTH CENTRE  
3595 KEELE STREET, NORTH YORK, ON, M3J-1M7

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CATHERINE PALMER (152)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the administrator and the resident and family resource worker

During the course of the inspection, the inspector(s) interviewed the administrator and family resource worker, reviewed documentation related to applicant's application and rejection.

The following Inspection Protocols were used during this inspection:

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

| Legend                             | Legendé                               |
|------------------------------------|---------------------------------------|
| WN – Written Notification          | WN – Avis écrit                       |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral             | DR – Aiguillage au directeur          |
| CO – Compliance Order              | CO – Ordre de conformité              |
| WAO – Work and Activity Order      | WAO – Ordres : travaux et activités   |

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home**

**Specifically failed to comply with the following subsections:**

- s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,**
- (a) the ground or grounds on which the licensee is withholding approval;**
  - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;**
  - (c) an explanation of how the supporting facts justify the decision to withhold approval; and**
  - (d) contact information for the Director. 2007, c. 8, s. 44. (9).**

**Findings/Faits saillants :**

1. The licensee withheld admission for an applicant to the home. A written notice was not provided to the applicant or Director outlining the (a) grounds on which the licensee withheld approval, (b) a detailed explanation of the supporting facts, as they relate both to the home and the applicant's condition and requirements for care; (c) an explanation of how the supporting facts justify the decision to withhold approval (d) contact information for the Director.

Issued on this 23rd day of November, 2011

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

*Cathy Palmer*