



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

**Rapport d'inspection
prévus 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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**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

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

☐ Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection September 23 & 27, 2010	Inspection No/ d'inspection 2010_111_2503_20Oct144621	Type of Inspection/Genre d'inspection CIS (log# 0-001380)

Licensee/Titulaire

Craiglee Nursing Home Limited,
c/o Deloitte & Touche inc.,
181 Bay Street East,
Brookfield Plaza, Suite 1400
Toronto, ON M5J 2V1
Fax: 416-601-6690

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

Craiglee Nursing Home,
102 Craiglee Drive,
Scarborough, ON M1N 2M7
Fax: 416-264-2190

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

Lynda Brown (ID#111)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection for a resident who sustained an injury.
During the course of the inspection, the inspector spoke with the Administrator and the Associate Director of care.
During the course of the inspection, the inspector reviewed the resident's health record.
The following Inspection Protocols were used in part or in whole during this inspection: Ad hoc notes.

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

1 WN

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



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*

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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 <i>Loi de 2007 les foyers de soins de longue durée</i> 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, s.36. Every licensee of a long-term care home shall ensure that staffs use safe transferring and positioning devices or techniques when assisting residents.

Findings:

1. An identified resident was not provided assistance according to their plan of care and sustained an injury.

Inspector ID #: 111

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: _____	<i>Synda Brown</i> Date of Report: (if different from date(s) of inspection). <i>Nov. 22/10</i>