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

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 Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
Télécopieur: 613-569-9670

November 15, 2010

Ms. Angie Heinz
Administrator
Craiglee Nursing Home
102 Craiglee Drive
Scarborough ON M1N 2M7

Dear Ms. Heinz:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on August 12 and 13, 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 Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

Judy Macaulay
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council

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
Aug 12, 13, 2010	2010_104_2503_12Aug150946	Critical Incident: O-000202

Licensee/Titulaire
Craiglee Nursing Home Ltd
c/o Deloitte & Touche- 181 Bay St,
Brookfield Place, 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)
Judy Macaulay, Inspector ID #104

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection related to 2503-000052-10.

During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, registered nursing and PSW staff, and residents.

During the course of the inspection, the inspector reviewed resident records and the resident room.

The following Inspection Protocol was used in part or in whole during this inspection:
Responsive Behaviours

☐ There are no findings of Non-Compliance as a result of this inspection.

☒ 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

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 the Ministry of Health Long-Term Care Homes Program Manual. Criterion B2.4 was issued:
Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff providing care.

Findings:

1. An altercation occurred between two identified residents.

2. No interventions were evident on one of these identified resident's plan of care to ensure that altercations were reduced/eliminated between them.

2. Staff interviewed was not aware of an altercation between two identified residents, nor of monitoring to prevent future altercations.

3. The 24hr report noted the incident on the day of occurrence and for 2 days following. No further communication was noted related to monitoring for aggression.

Inspector ID #:	104

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.** J Macaulay
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Nov. 4/10