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
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Ontario

January 26, 2011

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 January 12, 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 Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

Amanda Nixon
LTC Home Inspector – Dietary

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
January 12, 2011	2011_148_2503_10Jan101720	Critical Incident, Log #O-000038

Licensee/Titulaire
Craiglee Nursing Home Limited, c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400
Fax 416-601-6690

Long-Term Care Home/Foyer de soins de longue durée
Craiglee Nursing Home, 102 Craiglee Drive, Scarborough Ontario M1N 2M7
Fax 416-267-8176

Name of Inspector(s)/Nom de l'inspecteur(s)
Amanda Nixon (#148)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to an incident that occurred between two residents of the home.

During the course of the inspection, the inspector spoke with the Administrator of the home, with the Registered Practical Nurse responsible for the care of both residents on January 12, 2011, Personal Support Workers and the residents involved.

During the course of the inspection, the inspector reviewed the health care records of both residents including plans of care and behaviour monitoring records.

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration

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

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.

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.** Amanda Nix RD, LTCH Inspector
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). January 19, 2011