

**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
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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 Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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November 10, 2010

Ms. Andre Barros
Administrator
Extendicare Guildwood
60 Guildwood Parkway
Scarborough ON M1E 1N9

Dear Mr. Barros:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on July 19, 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,


for Judy Macaulay
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council



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

Rapport d'inspection
prevue 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

July 19, 2010

Inspection No/ d'inspection
(previously #182)

2010_104_2164_19Jul103806

Type of Inspection/Genre d'inspection

Complaint: Line 14

Licensee/Titulaire

Extendicare Toronto Inc. [a subsidiary of Extendicare (Canada) Inc]
3000 Steeles Avenue East, Suite 700, Markham, ON, L3R 9W2

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

Extendicare Guildwood
60 Guildwood Parkway, Scarborough, ON, M1E 1N9

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

Judy Macaulay, #104

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 the Administrator, the Director of Care, several registered nursing and PSW staff, the RAI coordinator and two residents.

During the course of the inspection, the inspector reviewed resident charts and observed residents.

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.



A finding of Non-Compliance was 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'exigences 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 B3.16 was issued:

Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous substances, conditions and equipment.

Findings:

1. The intervention of monitoring hourly for safety for an identified resident, as noted on the care plan, was not consistently implemented - interviewed PSW staff reported monitoring "once in awhile", which was clarified to be less than hourly.
2. The Home identified that this resident displayed physical and verbal aggression towards other residents at times.
3. The Home identified interventions to reduce the risk of altercations.
4. There were four incidents of aggressive behaviour noted between this resident and other residents during a five month period.
5. The interventions identified were not implemented to minimize the risk of altercations between this resident and other residents.

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.

Title:

Date:

Date of Report :

J. Macaulay, LTCH inspector - nursing
Oct. 14, 2010