

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

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



Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

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 Toronto

55 St. Clair Avenue West, 8th Floor
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FEB 02 2011

Ms. Christine Murad
Administrator
Hawthorne Place Care Centre
2045 Finch Avenue West
North York, ON M3N 1M9

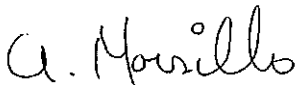
Dear Ms. Murad:

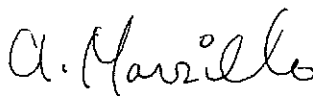
Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **November 8, 9, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

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 Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

for 
Susan Lui
LTC Homes Inspector


for Marsha Hardwick
LTC Homes Inspector



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

**Rapport d'inspection
prévues 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
November 8, 9, 2010	2010_178_2586_08Nov115805	Follow-up T-2872
Licensee/Titulaire		
The Royal Crest Lifecare Group Inc., c/o Ernst and Young Inc. - 222 Bay Street , TD Centre, P.O. Box 251 Toronto, ON, M5K 1J7		
Long-Term Care Home/Foyer de soins de longue durée		
Yorkview Lifecare, 2045 Finch Avenue West, North York, ON M3N 1M9		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Marsha Hardwick #125, Susan Lui # 199		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Follow-up inspection.

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Registered staff, personal support workers, residents.

During the course of the inspection, the inspector(s): reviewed resident records, reviewed home policies and procedures.

The following Inspection Protocols were used during this inspection: Dignity, Choice and Privacy, Medications, Personal Support Services, Infection prevention and Control.

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

1 WN
1 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

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 O. Reg. 79/10, s. 135(1)(a)(b) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is, (a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and



(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.

Findings:

A medication incident involving a resident was not documented together with immediate actions taken to assess and maintain the resident's health, and not reported to the resident, his substitute decision maker, his physician, or the Pharmacy.

- On a specified date, an identified resident did not receive a medication as ordered. There is no indication in the resident's record or in the Medication Incident Report that the resident, his substitute decision maker, the prescriber of the drug, the attending physician, or the pharmacy service provider was informed. The incident is not documented in resident's record. Neither the Medication Incident Report nor the resident's record indicates resident outcome or measures taken to manage resident outcome.

Inspector ID #: 199

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the regulation requiring that every medication incident involving a resident and every adverse drug reaction is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Regulation 832 s.5(2)			May 19, 2009	
NHA, R.S.O. 1990, Chapter N7, s.2(2)1, 2,6ii			July 21, 2009	
NHA, R.S.O. 1990, Chapter N7, s.20.10 (a) (b) (c) (e)			March 18, 2009	



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

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

Regulation 832 s. 21 (1)			May 19, 2009	
NHA, R.S.O. 1990, Chapter N7, s.20.11			July 21, 2009	

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: (if different from date(s) of inspection).	
		Dec 17, 2010 <i>Martha Handwick</i> Dec 21, 2010 <i>Juan Jim</i>	