

Ministry of Health
and Long-Term Care

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

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

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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 Toronto

55, avenue St. Clair Ouest, 8^{ième} étage
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FEB 02 2011

Mr. Dennis Brown
Administrator

Isabel and Arthur Meighen Manor
155 Millwood Road
Toronto, ON M4S 1J6

Dear Mr. Brown:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **January 6, 7, 10, 11, 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 Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. Marsille".

for Susan Lui
LTC Homes Inspector



**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***

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☐ Licensee Copy/Copie du Titulaire		☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection January 6, 7, 10, 11, 2011	Inspection No/ d'inspection 2011_178_8603_06Jan110550	Type of inspection/Genre d'inspection Complaint T-1793 OCMS HLTC 2966MC-2010-9164
Licensee/Titulaire The Governing Council of the Salvation Army in Canada, 2 Overlea Blvd, Toronto ON, M4H 1P4, Fax: 416-422-6148 Long-Term Care Home/Foyer de soins de longue durée Isabel and Arthur Meighen Manor, 155 Millwood Road, Toronto Ontario, M4S 1J6		
Name of Inspector(s)/Nom de l'inspecteur(s) Susan Lui, 199		
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: Administrator, Director of Care, staffing clerk. During the course of the inspection, the inspector: reviewed one resident record, reviewed the home staffing plan and schedule. The following Inspection Protocols were used in part or in whole during this inspection: Sufficient Staffing and Personal Support Services. ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN 2 VPC		

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 LTCHA, 2007, S.O. 2007, c. 8, s. 6 (1).

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

Inconsistencies exist between an identified resident's Care Plan and Resident Assessment Protocols (RAPS) regarding the resident's needs for assistance.

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 there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 8 (3).

Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

Findings:

For the majority of nights between Aug 5, 2010 and Sept 6, 2010, the only registered nurse (RN) on duty, was not a member of the regular nursing staff of the home. 3 different agency RN's were used during this period. Of the 3 agency RN's used, one RN worked most of the nights, and two other RNs each worked 4 nights.

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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations, to be implemented voluntarily.



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**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***

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:

