

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

55 St. Clair Avenue West, 8th Floor
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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

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DEC 06 2010

Ms. Natasha Murray
Administrator
North Park Nursing Home
450 Rustic Road
North York, ON M6L 1W9

Dear Ms. Murray:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **October 5, 6, 7, 8, 12, 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 
Saran Daniel-Dodd
LTC Homes Inspector


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 Oct. 5, 6, 7, 8, 12, 2010	Inspection No/ d'inspection 2010_178_909_05Oct142940	Type of Inspection/Genre d'inspection Complaint T-1394
Licensee/Titulaire North Park Nursing Home Limited, 438 Rustic Road, North York, ON, M6L 1W9		
Long-Term Care Home/Foyer de soins de longue durée North Park Nursing Home, 450 Rustic Road, North York, ON, M6L 1W9		
Name of Inspector(s)/Nom de l'inspecteur(s) Saran Daniel-Dodd 116, 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(s) spoke with: Administrator, Director of Care, Registered Staff, Personal Support Workers, Dietitian, Food Services Manager, Vice President of Assured Care. During the course of the inspection, the inspector(s): reviewed resident files, reviewed food service records, reviewed North Park's Fall Prevention and Management Program. The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention, Medication, Nutrition and Hydration. ☐ 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 1 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, c. 8, s. 6 (7).

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings: On May 17, 2010 lap belt was ordered for use by identified resident while in wheelchair. During interview on October 8, 2010, PSW who had been primary caregiver for resident confirms that lap belt was not consistently used when resident was in wheelchair.

Inspector ID #: 116, 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 the licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

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).

Oct 22, 2010



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

**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***