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*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ PublicCopy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 17, 2011	2011_113_2955_17Feb102354	Complaint Log #T- 007

Licensee/Titulaire
Southlake Residential Care Village, 640 Grace Street, Newmarket, ON L3Y 2L1

Long-Term Care Home/Foyer de soins de longue durée
Southlake Residential Care Village, 640 Grace Street, Newmarket, ON L3Y 2L1

Name of Inspector(s)/Nom de l'inspecteur(s)
Jane Carruthers, #113; Sue McKechnie, #140

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection with regards to infection control practices and resident care concerns.

During the course of the inspection, the inspectors spoke with: DOC(A), ADOC, Registered staff, social worker, housekeepers and dietary staff.

During the course of the inspection, the inspectors: Conducted a walk through of resident home areas, reviewed plan of care for an identified Resident, including resident dental records and contracted service records, agency staff orientation program.

The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services, Infection Prevention and Control and Training and Orientation

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

Findings:

1. Care Plan for the identified Resident does not provide clear direction to staff with regard to oral care. i.e. no specific direction regarding how often, type and level of assistance for the provision of oral care is required by the resident.

Inspector ID #:	#140

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 to ensure that the written plan of care for each resident including oral care and hygiene needs, sets out clear direction to staff and others who provide direct care to the resident.

WN #2: The Licensee has failed to comply with O. Reg 79/10 s. 26 (3) 18
A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
18. Special treatments and interventions

Findings:

1. There was no interdisciplinary assessment or plan of care for a Resident following a special treatment.

Inspector ID #:	#140

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 to ensure that all staff providing resident care are made aware of the results of resident surgeries and/or treatments that take place outside of the home. This plan is 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. (for) Jane Carruthers / Sue McKechnie
Title: Date:	**Date of Report:** (if different from date(s) of inspection). March 24, 2011