



**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**

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

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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
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection October 15, 2010	Inspection No/ d'inspection 2010_136_1013_15Oct07143	Type of Inspection/Genre d'inspection Complaint O-001133
Licensee/Titulaire Sunnycrest Nursing Homes Ltd. ,1635 Dundas Street East, Whitby, ON, L1N 2K9 phone 905-576-0111 fax 905-576-4712		
Long-Term Care Home/Foyer de soins de longue durée Sunnycrest Nursing Home, 1635 Dundas Street East, Whitby, ON, L1N 2K9 phone 905,576-0111 fax 905-576-4712		
Name of Inspector(s)/Nom de l'inspecteur(s) Delores Mac Donald (136)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection into the nutritional care given to a resident. During the course of the inspection, the inspector spoke with: the Director of Care, the Nutritional Care Manager, a Speech Therapist, and the registered nursing staff, personal support workers and the food service workers in the resident's home area. The resident's spouse was also interviewed. During the course of the inspection, the inspector observed the lunch and dinner meal in the dining room that the resident used. Observations were made on the feeding of the resident in his/her room by spouse, in his/her room by a support worker delivering the afternoon nourishment and in the dining room by the nursing staff. The inspector tested the puree food served at supper. The resident's care records including the Medication Administration Record (MAR) were reviewed. The new MAR time recording record was demonstrated. The Nutrition and Hydration as well as the Medication Administration Protocols were used There are no findings of Non-Compliance as a result of this inspection.		
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.
		<i>Delores Mac Donald</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection).
		<i>January 26, 2011</i>