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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'Inspection	Type of Inspection/Genre d'inspection
November 9, 2010	2010_121_2752_09Nov160323	Follow-up L-01725

Licensee/Titulaire
Twin Oaks of Maryhill Inc., 1360 Maryhill Road, Maryhill, ON N0B 2B0

Long-Term Care Home/Foyer de soins de longue durée
Twin Oaks of Maryhill, 1360 Maryhill Road, Maryhill, ON N0B 2B0

Name of Inspector(s)/Nom de l'inspecteur(s)
Elizabeth Elvidge (#121)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection relating to TB testing and Continuous Quality Improvement.

During the course of the inspection, the inspector spoke with: The Administrator, the Program Manager and the Charge nurse.

During the course of the inspection, the inspector: reviewed documentation related to TB, the Continuous Quality Improvement program including goals, membership, policies, procedures and audits.
The following Inspection Protocols were used in part or in whole during this inspection:
Infection Prevention and Control
Quality Improvement

☒ There are no findings of Non-Compliance as a result of this inspection.

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

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	**TYPE OF ACTION/ORDER**	**ACTION/ ORDER #**	**INSPECTION REPORT #**	**INSPECTOR ID #**
M2.2, LTC Homes Program Manual now found in LTCHA, 2007, S.O. 2007 c.8, s.84	Unmet criteria	N/A	N/A	N/A
M3.22, LTC Homes Program Manual now found in O.Reg. 79/10,s.229.(10)(1)	Unmet criteria	N/A	N/A	N/A

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.** Elizabeth Rhodes
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). November 16, 2010