



**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**

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|                                                                                                                            |                                    |                                              |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|
| <b>Date(s) of inspection/Date de l'inspection</b>                                                                          | <b>Inspection No/ d'inspection</b> | <b>Type of inspection/Genre d'inspection</b> |
| March 24, 2011                                                                                                             | 2011_152_8574_24Mar093613          | Complaint T643-11                            |
| <b>Licensee/Titulaire</b><br>Unionville Home Society<br>4300 Highway #7<br>Markham, Ontario<br>L3R 1L8                     |                                    |                                              |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Union Villa<br>4300 Highway #7<br>Markham, Ontario<br>L3R 1L8 |                                    |                                              |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Catherine Palmer (152)                                               |                                    |                                              |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                            |                                    |                                              |

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the President and CEO (Administrator) and Director of Operations (Director of Care).

During the course of the inspection, the inspector reviewed residents' health care records.

The following Inspection Protocols were used in part or in whole during this inspection:  
Prevention Abuse, Neglect, and Retaliation

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

### 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/Ordre de conformité  
WAO – Work and Activity Order/Ordre: 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 O. Reg. 79/10, s. 107(3)4 The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): An injury in respect of which a person is taken to hospital.**

#### Findings:

The licensee failed to notify the director within one business day of an injury which resulted in a resident being admitted to hospital.

**Inspector ID #:** 152



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Rapport  
d'inspection prévue  
le *Loi de 2007 les  
foyers de soins de  
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|                                                                                                       |  |                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné |  | Signature of Health System Accountability and Performance Division<br>representative/Signature du (de la) représentant(e) de la Division de la<br>responsabilisation et de la performance du système de santé. |
| Title: _____ Date: _____                                                                              |  | <i>Cathy Palmer</i><br>Date of Report: (if different from date(s) of inspection).<br><i>may 11, 2011</i>                                                                                                       |