



**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

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire		<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection February 15, 17, 23, 2011	Inspection No/ d'inspection 2011_109_2905_18Feb125023	Type of Inspection/Genre d'inspection Complaint
Licensee/Titulaire Specialty Care Inc. 400 Applewood Crescent Suite 110 Vaughan, ON L4K 0C3 Phone 905-695-2930 Fax: 905-695-2940		
Long-Term Care Home/Foyer de soins de longue durée Bradford Valley 2656 Line 6 Bradford, ON L3Z 3H6 Fax: 905.775 0263		
Name of Inspector(s)/Nom de l'inspecteur(s) Susan Squires		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Complaint Inspection.</p> <p>During the course of the inspection, the inspector spoke with: Director of Care, PSW Staff, Registered Nursing staff, resident.</p> <p>During the course of the inspection, the inspector: Reviewed Continence supplies, reviewed health record of identified residents</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 - WN</p>		

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avls 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.

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-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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans la 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. 26 (3) 21 A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
21 - Sleep patterns and preferences.**

Findings:

Identified residents are consistently woken up and provided with care by the night staff prior to their identified preference time of waking up.

Inspector ID #: 109

WN # 2: The Licensee has failed to comply with O. Reg. 79/10 s245(1) (i) (ii) The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
 - i. a local health integration network under section 19 of the *Local Health System Integration Act, 2006*, including goods and services funded by a local health integration network under a service accountability agreement, and
 - ii. the Minister under section 90 of the Act.

Findings:

Residents are required to purchase their own incontinent products. Of a sample of 51 incontinent residents on 2 care units, thirteen (13) residents are purchasing their own "pull-up" product which is not supplied by the home.

Inspector ID #: 109

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).