



**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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Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date de l'inspection January 12, 2011	Inspection No/ d'inspection 2011_148_2503_10Jan101720	Type of Inspection/Genre d'inspection Complaint, Log #O-002944
Licensee/Titulaire Craiglee Nursing Home Limited, c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400 Fax 416-601-6690		
Long-Term Care Home/Foyer de soins de longue durée Craiglee Nursing Home, 102 Craiglee Drive, Scarborough Ontario M1N 2M7 Fax 416-267-8176		
Name of Inspector(s)/Nom de l'inspecteur(s) Amanda Nixon (#148)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to the home's hydration program.</p> <p>During the course of the inspection, the inspector spoke with the management of the home including, the Administrator, Director of Care, Food Service Manager and Registered Dietitian. The inspector also spoke with Registered Nursing Staff, Personal Support Workers and residents residing on the first floor.</p> <p>During the course of the inspection, the inspector reviewed the hydration program including policies and procedures, Resident Diet List, Resident Daily Food and Fluid Intake records, the Fall/Winter Menu 2010/2011 and several resident health records.</p> <p>The following Inspection Protocols were used during this inspection: Nutrition and Hydration Food Quality</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>		



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.

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.

Amenda Nix D, LTCH Inspector

Title: Date:

Date of Report: (if different from date(s) of inspection).

January 19, 2011