



**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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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> August 10, 11, 12, 13, 2010	<b>Inspection No/ d'inspection</b> 2010_111_2503-09Aug154000 2010_104_2503_10Aug113331	<b>Type of Inspection/Genre d'inspection*</b> Complaint (log # 0-000465)
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**Licensee/Titulaire**  
Craiglee Nursing Home Limited  
c/O Deloitte & Touche Inc.  
181 Bay Street  
Brookfield Place, Suite 1400  
Toronto, ON M5J 2V1  
Fax:416-601-6690

**Long-Term Care Home/Foyer de soins de longue durée**  
Craiglee Nursing Home,  
102 Craiglee Drive  
Scarborough, ON M1N 2M7

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Lynda Brown (ID # 111), Judy Macaulay (ID# 104)

**Inspection Summary/Sommaire d'inspection**

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

During the course of the inspection, the inspectors spoke with the Administrator, Director of Care, Registered and front line staff.

During the course of the inspection, the inspectors observed residents, reviewed documentation and medication and treatment carts.

The following Inspection Protocols were used in part or in whole during this inspection:  
Infection Prevention and Control  
Skin and Wound care

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

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/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.

**WN #1:** The Licensee has failed to comply with: **O.Reg 79/10, s. 8(1)(b)**

- (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy, or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- a. is in compliance with and is implemented in accordance with all applicable requirements under the Act: and**
  - b. is complied with.**

**Findings:**

1. The physician's order for medication to be administered to an identified resident for a specified period of time on the Medication Administration Record indicated another period of time instead. Documentation on the Medication Administration Record was not in accordance with the Home's protocol for medication administration
2. Registered staff signatures for medication administration for an identified period were scratched out and illegible on the Medication Administration Record, and not in accordance with the Home's protocol for medication administration documentation.

**Inspector ID #:** 104

**Findings:**

3. The Treatment Administration record of an identified resident's treatment was not completed according to the homes Medi-system Pharmacy policy.

**Inspector ID #:** 111



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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>Synda Brown / J Macaulay</i> <i>Sept. 13/10</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection).