

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

Ottawa Service Area Office 347 Preston St., 4th Floor Ottawa ON K1S 3J4

Telephone: 613-569-5602 Facsimile: 613-569-9670 Bureau régional de services d'Ottawa 347, rue Preston, 4iém étage Ottawa ON K1S 3J4

Téléphone: 613-569-5602 Télécopieur: 613-569-9670

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|--|---|--|--|--|--|
| | Licensee Copy/Copie du Titulaire Public Copy/Copie Public | | | | |
| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection Log# O-001451 | | | |
| September 23 2010 | 2010_166_2503_30Sep16554 | Complaint | | | |
| Licensee/Titulaire | | | | | |
| Craiglee Nursing Home Limited, c/o Deloitte and Touche Inc., Fax 416 601- 181 Bay Street Brookfield Place, Suite 1400 | 6690 | | | | |
| Toronto ON | | | | | |
| M5J 2V1 | | | | | |
| WOO ZV I | | | | | |
| Long-Term Care Home/Foyer de soins de longue durée | | | | | |
| Craiglee Nursing Home Fax 416 264-2190 | | | | | |
| 2 Craiglee Drive | | | | | |
| Scarborough,ON M1N 2M7 | | | | | |
| Name of Inspector(s)/Nom de l'inspecteur(s | 5) | | | | |
| Caroline Tompkins #166 | | | | | |
| With the contract of the contr | Summary/Sommaire d'inspe | ection | | | |
| | | | | | |
| The purpose of this inspection was to conduct a complaint inspection related to providing oral hygiene to a dependant resident and communicating treatment issues with the Power of Attorney. | | | | | |
| During the course of the inspection, the inspector spoke with: the administrator, one registered nursing staff, two personal support workers, the resident's Power of Attorney. | | | | | |
| the personal support nervore, the recident | to rough or receively. | | | | |
| During the course of the inspection, the inspector: Reviewed the resident's clinical records and observed the resident. | | | | | |
| The following Inspection Protocol was used during this inspection: Personal Support Services | | | | | |
| | | | | | |
| Findings of Non-Compliance were four | nd during this inspection. The | following action was taken: | | | |
| 2 WN | | | | | |
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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, Section 34(1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes.

- (a) mouth care in the morning and the evening, including the cleaning of dentures;
- (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth;

Findings:

- 1. Observation and examination of the resident's teeth, gums and tongue on the day of the inspection identified that the resident's lips in the corners and on the inside of the lips were flaked with dried skin and food .The resident's tongue and teeth were coated with food debris.
- 2. The plan of care identified that all activities of daily living provided to the resident must be carried out by the nursing staff as the resident is not capable of requesting or directing his care needs.

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WN #2 : The Licensee has failed to comply with LTCHA, 2007, S.O. 2007,c.8,s.3(1) Every licensee of a long-term care home shall ensure that the following rights to a resident are fully respected and promoted: 11.Every resident has a right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

Findings

1. During an interview with resident's Power of Attorney, she advised that she had not been informed that equipment used for a specific medical treatment had been discontinued. She was not made aware of its removal until the resident was treated and admitted to the hospital. She was informed by the hospital staff that the equipment was no longer in place.

Inspector ID #:

#166

| | nsee or Representative of Licensee laire 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). | , |
| | - | Nodember 162010 | |