Ontario

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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ 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
June 7, 8, 9, 14, 21, 2011	2011_162_2556_07Jun110810	Critical Incident 2556-000010-11 T-579

Licensee/Titulaire
Chartwell Masters Care LP
100 Milverton Drive, Suite 700, Mississauga, Ontario, L5R 4H1

Long-Term Care Home/Foyer de soins de longue durée
The Gibson Long Term Care Centre
1925 Steeles Avenue East, North York, Ontario M2H 2H3

Name of Inspector(s)/Nom de l'inspecteur(s)
Tiina Tralman 162

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Resident Service, Director of Clinical Services, Social Worker, Registered Staff, Personal Support Workers.

During the course of the inspection, the inspector:

- Conducted a walk through of resident home areas and common areas
- Reviewed health care record
- Reviewed the home's Abuse Prevention Program and policies and procedures
- Reviewed inservice education program provided to staff related to Licensee policies

The following Inspection Protocols were used in part or in whole during this inspection:

- Prevention of Abuse and Neglect Inspection Protocol

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

1WN
1 VPC

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 LTCHA, 2007 S.O. 2007 c. 8 s. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings:

1. Staff members did not follow an identified resident's care plan intervention when resident became resistive to evening care provided. Staff member continued to complete the evening care to resident despite resident being resistive to care.

2. Staff members did not follow an identified resident's care plan intervention for verbal and physical aggression strategies.

Inspector ID #:	162

Additional Required Actions:

VPC - pursuant to the *Licensees Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

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).