



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
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Bureau régional de services de  
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5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 13, 2016	2016_484646_0005	015196-16	Critical Incident System

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**Licensee/Titulaire de permis**

CLURELEA LTD.  
272 QUEEN STREET EAST BRAMPTON ON L6V 1B9

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**Long-Term Care Home/Foyer de soins de longue durée**

GOOD SAMARITAN NURSING HOME  
481 Victoria Street East Alliston ON L9R 1J8

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

IVY LAM (646)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): September 7, 8, 2016.**

**This critical incident inspection is related to a fall.**

**During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Nursing (DON), Director of Resident Care (DRC), RAI Coordinator, Physiotherapist (PT), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers, and the Resident.**

**During the course of the inspection, the inspector reviewed resident health records, staff schedules, Fall Intervention Team Meeting records, and conducted multiple observations of resident in home and resident areas.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<b>Legend</b>	<b>Legendé</b>
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 13th day of September, 2016

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**