



**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  
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'Inspection	
March 2, 2011	2011_171_9606_02Mar091414	L-00105 - Complaint	
Licensee/Titulaire			
Corporation of the County of Grey, 206 Toronto Street, South, Markdale, ON, N0C 1H0			
Long-Term Care Home/Foyer de soins de longue durée			
Grey Gables Home for the Aged, 206 Toronto St South, Markdale, ON, N0C 1H0			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Elisa Wilson, LTC Homes Inspector (171)			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a complaint inspection regarding operation of the Home.</p> <p>During the course of the inspection, the inspector spoke with: the managers of food, recreation and environmental services. A conference call with the administrator, director of care, director of long-term care, and RAI coordinator was completed on March 3, 2011.</p> <p>The inspector reviewed resident surveys regarding food services and recreation, reviewed the recreation/activity calendar and the minutes from the food committee, resident's council and family council.</p> <p>The following Inspection Protocols were used during this inspection:</p> <p>Food Quality</p>			
<p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN</p>			



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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/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de 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 constitue 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.72(5)(a)(b). If any food or beverages are prepared in the long-term care home for persons who are not residents of the home, the licensee shall maintain, and keep for at least seven years, records that specify for each week,  
(a) the number of meals prepared for persons who are not residents of the home; and  
(b) the revenue and internal recoveries made by the licensee relating to the sale or provision of any food and beverage prepared in the home, including revenue and internal recoveries made from cafeteria sales and catering.

### Findings:

1. The Home sells meal tickets for persons who are not residents of the home (usually family members of the residents), however there are no weekly records kept regarding the numbers of meals prepared for non-residents or the internal recoveries made to foodservices for the meals.

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.

*Elsa Wilson*

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

*Mar 4, 2011*