

**Inspection Report under the Long-Term Care Homes Act, 2007****Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**  
**Division des opérations relatives aux soins de longue durée**  
**Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 11, 2020	2020_738753_0019	003478-20, 008957-20, 011211-20, 013043-20	Critical Incident System

**Licensee/Titulaire de permis**

2063414 Ontario Limited as General Partner of 2063414 Investment LP  
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Hawthorn Woods Care Community  
9257 Goreway Drive BRAMPTON ON L6P 0N5

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

KATHERINE ADAMSKI (753), VALERIE GOLDRUP (539)

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

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

**This inspection was conducted on the following date(s): August 20-21, 24-28, 2020**

**The following Critical Incident System (CIS) intakes were inspected during this CIS inspection:**

**Log # 013043-20, Log # 008957-20 and Log # 011211-20, related to fall prevention and management**

**Log # 003478-20, follow-up order related to post fall assessments**

**NOTE: A Written Notification and Voluntary Plan of Correction related to LTCHA, s. 6 (7) was identified in this inspection and has been issued in a concurrent inspection, #2020\_738753\_0020, dated September 11, 2020.**

**During the course of the inspection, the inspector(s) spoke with Interim Executive Director (ED), Temporary Director of Care (DOC), RAI-Coordinator, Registered Practical Nurses (RPNs), Residents, Personal Support Workers (PSWs), and Maintenance Staff.**

**During the course of the inspection, the inspectors observed resident and staff interactions, reviewed clinical health records, and other pertinent documents.**

**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)**

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soins de longue durée**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 8. (1)	CO #001	2020_821640_0008	753

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

WN – Written Notification  
 VPC – Voluntary Plan of Correction  
 DR – Director Referral  
 CO – Compliance Order  
 WAO – Work and Activity Order

**Légende**

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.

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**Issued on this 15th day of September, 2020**

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

**Original report signed by the inspector.**