



**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

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

**Rapport d'inspection  
prevue le *Loi de 2007  
les foyers de soins de longue durée***

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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
14 October 2010	2010_127_2124_14Oct115134	Complaint (H-02064)
<b>Licensee/Titulaire</b> The Royal Crest Lifecare Group Inc. c/o Ernst and Young Inc., 222 Bay Street, TD Centre P.O. Box 251, Toronto ON M5K 1J7		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Mississauga Lifecare Centre, 55 The Queensway West, Mississauga ON L5B 1B5		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection relating to call bells and resident care.		
During the course of the inspection, the inspector spoke with the Assistant Administrator, Director of Care, Evening RN Supervisor and a technician from Nutech Fire Protection Co. Ltd.		
During the course of the inspection, the inspector checked the operation of call bells on the 3 <sup>rd</sup> floor, reviewed the plan of care for one resident and took copies of Nutech's service order and the home's attendance sheet for an in-service provided on 12 October 2010.		
The following Inspection Protocols were used during this inspection:		
<ul style="list-style-type: none"><li>• Safe and Secure Environment</li><li>• Continence Care and Bowel Management</li></ul>		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN		

**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: 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'exigences 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. 51(2)(g):

Every licensee of a long-term care home shall ensure that, residents who require continence care products have sufficient changes to remain clean, dry and comfortable;

**Findings:**

A resident was not provided care to change a soiled brief for 1 hour following the initial call for assistance. Four of five personal service workers on shift attended an in-service and three Registered staff remained on the floor with this PSW. Care was not provided to the resident until the full complement of staff returned to the floor.

Inspector ID #: 127

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désignéSignature 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)