



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**

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor

Telephone: 416-325-9297

1-866-311-8002

Faxsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair ouest, 8th étage
Ottawa ON K1S 3J4

Téléphone: 416-325-9297

1-866-311-8002

Télécopieur: 416-327-4486

<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
April 20 & 21, 2011 Licensee/Titulaire	2011_101_2744_20Apr112641	Complaint (T-0033)
North York General Hospital, 4001 Leslie Street, North York, ON M2K 1E1		
Long-Term Care Home/Foyer de soins de longue durée		
Seniors' Health Centre, 2 Buchan Court, North York, ON M2J 5A3		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Amanda Williams (101)		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding lost items of a resident.

During the course of the inspection, the inspector spoke with the Acting Administrator, Director of Care, Registered Nursing Staff and front-line care givers, the Dietitian and the Environmental Services Supervisor.

During the course of the inspection, the inspector reviewed the residents' health records and conducted a walk-through of the home and observed the resident during lunch meal service.

The following Inspection Protocol was used during this inspection:

Personal Support Services

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

1 WN



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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

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/Ordres 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 LTCHA, 2007, S.O. 2007, c.8. s. 15 (2)(a)(c).

Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary;

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. ~15 dining room chairs were noted to be stained and/or soiled with dark marks and old food/liquid spills in the 2nd floor dining room.
2. The heat guard on the radiator was missing on April 20, 2011 in the Garden Room lounge on the 1st floor. Sharp edges were noted from the metal coil rings.

Inspector ID #: 101

None

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.

Date of Report (if different from date(s) of inspection).

May 16, 2011