



**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
Direction de l'amélioration de la performance et de la
conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{me} étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection May 18, 2011	Inspection No/ n° d'inspection 2011_113_8574_18May104805	Type of Inspection/Genre d'inspection Follow up Log T2980-10
--	---	--

Licensee/Titulaire
Unionville Home Society, 4300 Highway #7, Markham ON L3R 1L8

Long-Term Care Home/Foyer de soins de longue durée
Union Villa, 4300 Highway #7, Unionville, ON L3R 1L8

Name of Inspector(s)/Nom de l'inspecteur(s)
Jane Carruthers - #113

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection to resolve an outstanding Compliance Order.

During the course of the inspection, the inspector(s) spoke with: the Chief Executive Officer, and Nurse Manager.

During the course of the inspection, the inspector: conducted a walk through of Resident Home Areas and inspected tub/shower rooms.

The following Inspection Protocols were used in part or in whole during this inspection: Infection, Prevention and Control Inspection Protocol.

There are no findings of Non-Compliance as a result of this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

CORRECTED NON-COMPLIANCE <i>Non-respects à Corriger</i>				
REQUIREMENT <i>EXIGENCE</i>	TYPE OF <i>ACTION/ORDER</i>	ACTION/ <i>ORDER #</i>	INSPECTION REPORT #	INSPECTOR ID #
O. Reg 79/10 s. 87 (2) (b)	CO	001	2010_113_8574_17Nov163028	113

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.
Title:	Date of Report: (if different from date(s) of inspection).
	<i>Sue Cauthers</i> <i>June 7, 2011</i>