



**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

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

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

**Ministère de la Santé et des Soins de
longue durée**

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

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of inspection/Genre d'inspection
March 24, 2011	2011_152_8574_24Mar093613	Complaint T643-11
Licensee/Titulaire Unionville Home Society 4300 Highway #7 Markham, Ontario L3R 1L8		
Long-Term Care Home/Foyer de soins de longue durée Union Villa 4300 Highway #7 Markham, Ontario L3R 1L8		
Name of Inspector(s)/Nom de l'inspecteur(s) Catherine Palmer (152)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the President and CEO (Administrator) and Director of Operations (Director of Care).

During the course of the inspection, the inspector reviewed residents' health care records.

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention Abuse, Neglect, and Retaliation

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/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres 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 constituer 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. 107(3)4 The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): An injury in respect of which a person is taken to hospital.

Findings:

The licensee failed to notify the director within one business day of an injury which resulted in a resident being admitted to hospital.

Inspector ID #: 152



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:	<i>Cathy Palmer</i> Date of Report: (if different from date(s) of inspection). <i>may 11, 2011</i>