



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection Oct. 22, 2010	Inspection No/ d'inspection 2010_169_2855_22Oct114041	Type of Inspection/Genre d'inspection Log #H-01372
Licensee/Titulaire Villa Forum 175 Forum Drive Mississauga, ON L4Z 4E5 Fax: 905 501 1443		
Long-Term Care Home/Foyer de soins de longue durée Villa Forum 175 Forum Drive Mississauga, ON L4Z 4E5 Fax: 905 501 1443		
Name of inspector(s)/Nom de l'inspecteur(s) Yvonne Walton 169		
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: Residents, Personal Support Workers, Administrator, Assistant Director of Care

During the course of the inspection, the inspector: observed and interviewed the residents, conducted clinical reviews and visited the home areas

The following Inspection Protocols were used during this inspection: Dignity, Choice and Privacy Protocol

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

1 WN
1 VPC

During this inspection 4 critical incident inspections were conducted also. See Log #H-01282, H-01066, H-01067, H-01649. The findings of non-compliance apply to these inspections also.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Réglisseur 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 LTCH 2007, S.O. 2007, c.8, s 3 (1) 1
Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

1. Four residents stated their resident's rights were not fully respected and promoted. They were not treated with courtesy and respect and in a way that fully recognized their individuality and dignity.



<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure rights of residents are fully respected and promoted: Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. This plan is to be implemented voluntarily.</p>	
Inspector ID #: 169	

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p style="text-align: center;"><i>U Walker</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p>