



**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	Inspection No/ d'inspection	Type of inspection/Genre d'inspection
Oct. 22, 2010	2010_169_2855_22Oct114041	Log #H-00931
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 critical incident inspection alleging abuse.

During the course of the inspection, the Inspector spoke with: Resident, Personal Support Workers, Administrator, Assistant Director of Care

During the course of the inspection, the inspector: , conducted a clinical review
 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

NON-COMPLIANCE / (Non-respectés)	
Definitions/Définitions	
WN – Written Notifications/Avis écrit VPC – Voluntary Plan of Correction/Plan de redressement volontaire DR – Director Referral/Régleur 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'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) 2.
3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
(2) Every resident has the right to be protected from abuse.


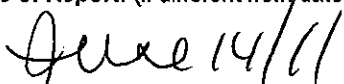
Findings:

During care an identified resident sustained a bruise.

Inspector ID #: 169

Additional Required Actions

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, 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, including ensuring every resident has the right to be protected from abuse. This plan is to be implemented voluntarily.

<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>Title: _____ Date: _____</p>	<p>Date of Report: (If different from date(s) of inspection). </p>