



**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, 8<sup>th</sup> 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<sup>me</sup> étage  
Toronto, ON M4V 2Y7

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 September 13 <sup>th</sup> and 14 <sup>th</sup> , 2010	Inspection No/d'inspection 2010_152_2663_10Sep121730	Type of Inspection/Genre d'Inspection Complaint T 0648
<b>Licensee/Titulaire</b> Revera Long Term Care Inc. 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga, Ontario, L5R 4B2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Westside 1145 Albion Road, Etobicoke, Ontario, M9V 4J7		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Cathy Palmer (#152) and Tiina Tralman (#162)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection.		
During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Nutrition Manager, Registered Dietitian, Personal Support Workers, Dietary Aide, Residents, and Visitors		
During the course of the inspection, the inspector(s): reviewed resident files, observed meal service.		
The following Inspection Protocols were used in part or in whole during this inspection:		
<ul style="list-style-type: none"><li>- Nutrition and Hydration Inspection Protocol</li><li>- Food Quality Inspection Protocol</li></ul>		
1 Finding 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 prévue  
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/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 the LTCHA 2007, S.O. 2007, c. B, s. 6 (9) 3. The licensee shall ensure that the following are documented: 3. The effectiveness of the plan of care. 2007, c.8, s. 6 (9).

**Findings:**

- There is no documented evaluation of the effectiveness of an identified resident's plan of care related to current non-triggered clinical and nutrition problems and interventions.

Inspector ID #: 152 and 162

**Additional Required Actions:**

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.

Cathy Palmer

*Cathy Palmer*

Tiina Tralman

*Tiina Tralman*

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

*September 20, 2010*

Title:

Date: