



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> 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

<b>Date(s) of inspection/Date de l'inspection</b> November 17 and 18, 2010	<b>Inspection No/ d'inspection</b> 2010_141_9618_16Nov105730	<b>Type of Inspection/Genre d'inspection</b> Complaint H-01803
---	---	---

**Licensee/Titulaire**  
The Regional Municipality of Peel  
10 Peel Centre Drive, Suite A, Brampton, On. L6T 4B9

**Long-Term Care Home/Foyer de soins de longue durée**  
Malton Village Long Term Care Centre  
7075 Rexwood Road, Mississauga, On. L4T 4M1

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sharlee McNally, Compliance Inspector – Nursing #141

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection received in the Hamilton Service Area Office October 4, 2010.

During the course of the inspection, the inspector spoke with: The Administrator, The Director of Care, Supervisor of Care – evenings, registered nurses, personal support workers.

During the course of the inspection, the inspector: reviewed residents records, observed residents during dinner time and in the evening time, completed inspections of residents' rooms, observed staff providing care, tested call bell response times

The following Inspection Protocols were used during this inspection:  
Responsive Behaviours  
Personal Support Services

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

**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 the *LTC Homes Act, 2007*, S.O 2007, c. 8, s.6(1)(c)

s.6(1): Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

**Findings:**

1. An identified resident's plan of care did not have interventions in multiple areas of activities of daily living and therefore did not give clear directions for staff providing care.
2. An identified resident's plan of care does not give direction to staff providing care related to resident's transferring requirements.

**Inspector ID #:** 141

**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 with ensuring that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

**WN #2:** The Licensee has failed to comply with O.Reg. 79/10, s.26(3)21

**s.26(3): A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 21.Sleep patterns and preferences.**

**Findings:**

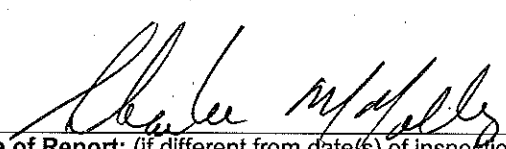
1. The written plans of care for residents in the home do not include assessments of residents sleep patterns or preferences.

**Inspector ID #:** 141



**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 with ensuring all residents plans of care are based on an assessment of residents sleep patterns and preferences, 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). May 30, 2011</p>