



**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^{ième} 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
October 13, 2010	2010-165-2956-13Oct102719	Critical Incident H-01538
Licensee/Titulaire Specialty Care Mississauga Inc. 400 Applewood Crescent, Suite 110 Vaughan, ON L4K 0C3		
Long-Term Care Home/Foyer de soins de longue durée Specialty Care Mississauga Road 4350 Mississauga Rd, Mississauga, ON		
Name of Inspector(s)/Nom de l'inspecteur(s) Tammy Szymanowski #165		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a critical incident inspection after receiving a critical incident from the home.</p> <p>During the course of the inspection, the inspector spoke with: the Director of Care and Personal Support Worker.</p> <p>During the course of the inspection, the inspector: reviewed the resident's clinical health record.</p> <p>The following Inspection Protocols were used during this inspection: Hospitalization and Death Inspection Protocol</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN</p>		

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.30(2)

30(2)The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

1. A family member of the resident requested to speak with the Dietitian in regards to concerns with the resident's diet however; there is no evidence in the resident's clinical record that the Dietitian followed up with the families request.
2. Documentation by the nursing staff indicate the Dietitian gave the resident regular texture food at lunch and the dietitian is to make changes however; there is no nutritional assessment to evaluate the residents chewing, swallowing and diet texture requirements completed by the dietitian.
3. A diet order written September 16, 2010 indicated a diet texture change from a minced texture to a regular texture diet and there was no evaluation of the residents chewing, swallowing and diet texture requirements at the time the order was written.

Inspector ID #: 165

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:

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