

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch
Toronto Service Area Office

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Toronto

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 325-9660
1-866-311-8002
Fax: (416) 327-4486

55, avenue St. Clair ouest, 8^e étage
Toronto ON M4V 2Y7
Téléphone : (416) 325-9660
1-866-311-8002
Télécopieur : (416) 327-4486

Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 11, 12, 2010		Inspection No/ d'inspection 2010_113_2955_10 Aug1159	Type of Inspection/Genre d'inspection Complaint
Licensee/Titulaire Southlake Residential Care Village 640 Grace Street Newmarket ON L3Y 2L1			
Long-Term Care Home/Foyer de soins de longue durée Southlake Residential Care Village			
Name of Inspector(s)/Nom de l'inspecteur(s) Jane Carruthers (113)			
Inspection Summary/Sommaire d'inspection			

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'exigences prévue le paragraph 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.

The purpose of this inspection was to conduct a complaint inspection.

The inspection was conducted by Jane Carruthers, Environmental Health Inspection.

The inspection occurred on August 11,12, 2010.

During the course of the inspection, the inspector(s) spoke with:

Acting Executive Director, 2 DOC, Environmental Service Manager, Director of Life Enrichment, Resident and PSW staff from Resident Home Areas.

The following Inspection Protocols were used in part or in whole during this inspection:

Safe and Secure Home

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

1 Finding of Non-Compliance was found during this inspection. The following action was taken:

1 WN

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Plan of correction/Plan de redressement

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'exigences 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. 17(1)

Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(f) clearly indicates when activated where the signal is coming from.

Findings:

1. On August 12, 2010 when a third floor stairway door alarm was tested, a PSW was not wearing a pager to indicate where the signal was coming from.
2. On August 11, 2010, no PSWs were wearing their pagers in 2 Resident Home Areas stating that they had not worked for about a month.
3. On August 12, 2010 when a total of 5 Resident Home Areas were audited, 9 of 11 PSWs spoken to were either not wearing their pagers or they were not operating properly.

Inspector ID#: 113

Required Compliance Date: immediate

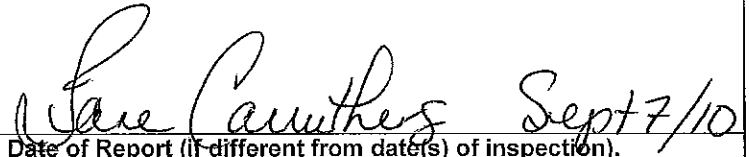
Signature of Licensee of Designated Representative
Signature du Titulaire du représentant désigné

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: Director of Care

Date: Sept. 7/10



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