



**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  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> PublicCopy/Copie Public		
Date(s) of inspection/Date de l'inspection  February 17, 2011	Inspection No/ d'inspection  2011_113_2955_17Feb102354	Type of Inspection/Genre d'inspection  Complaint Log #T- 007
<b>Licensee/Titulaire</b> Southlake Residential Care Village, 640 Grace Street, Newmarket, ON L3Y 2L1		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Southlake Residential Care Village, 640 Grace Street, Newmarket, ON L3Y 2L1		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Jane Carruthers, #113; Sue McKechnie, #140		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection with regards to infection control practices and resident care concerns.		
During the course of the inspection, the inspectors spoke with: DOC(A), ADOC, Registered staff, social worker, housekeepers and dietary staff.		
During the course of the inspection, the inspectors: Conducted a walk through of resident home areas, reviewed plan of care for an identified Resident, including resident dental records and contracted service records, agency staff orientation program.		
The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services, Infection Prevention and Control and Training and Orientation		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:  2 WN 2 VPC		



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référance au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'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 LTCHA, 2007, S.O.2007, c.8, s.6 (1) (c)**

**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. Care Plan for the identified Resident does not provide clear direction to staff with regard to oral care.  
i.e. no specific direction regarding how often, type and level of assistance for the provision of oral care is required by the resident.

**Inspector ID #:** #140

**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 that the written plan of care for each resident including oral care and hygiene needs, sets out clear direction to staff and others who provide direct care to the resident.

**WN #2: The Licensee has failed to comply with O. Reg 79/10 s. 26 (3) 18**

**A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

**18. Special treatments and interventions**

**Findings:**

1. There was no interdisciplinary assessment or plan of care for a Resident following a special treatment.

**Inspector ID #:** #140



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**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 that all staff providing resident care are made aware of the results of resident surgeries and/or treatments that take place outside of the home. This plan is to be implemented voluntarily.

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. <i>Jane Lauther, Sue McKeachie</i> (for)
Title: _____	Date: _____ Date of Report: (if different from date(s) of inspection). <i>March 24, 2011</i>