



**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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ém} étage
Toronto, ON M4V 2Y7

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 10, 14, 2010	Inspection No/ d'inspection 2010_174_2697_10Sep11022	Type of Inspection/Genre d'inspection CIS report # 2697-000025-10 Tracking log # 1048
Licensee/Titulaire Specialty Care Inc 400 Applewood Crescent, Suite 110 Vaughn, ON L4K 0C3.		
Long-Term Care Home/Foyer de soins de longue durée Bloomington Cove 13621 Ninth Line Stouffville ON L4A 7X3		
Name of Inspector(s)/Nom de l'inspecteur(s) Nancy Bailey (ID # 174)		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, registered staff, identified resident and family members.

During the course of the inspection, the inspector viewed the room where the identified resident resides.

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

Critical Incident Inspection Protocol
Reporting and Complaints Inspection Protocol

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

1 WN
1 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: LTCA 2007 c.8, s.19(1)

Every Licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c.8, s.19(1)

Findings:

1. A staff member was over heard speaking to an identified resident in an unprofessional manner.

2. The LTC Home's internal investigation identified the staff member did not speak appropriately to the resident, which under the home's abuse definition is verbal abuse

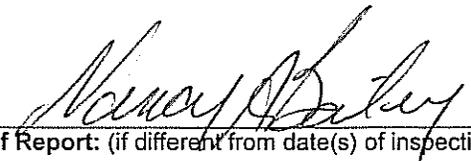
Inspector ID #: 174

Additional Required Actions:

VPC- Pursuant to LTCHA, 2007, S.O. 2007, c.8, s.19 (1) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with s.19(1) in respect of the above findings. This 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.



Title: **Date:**

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