



**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

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection November 8 th and 9 th , 2010	Inspection No/ d'inspection 2010_109_2697_08Nov1 03038	Type of Inspection/Genre d'inspection Critical Incident Log # T 2242
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Licensee/Titulaire
Specialty Care Inc.
400 Applewood Crescent Suite 110
Vaughan, ON L4K 0C3

Long-Term Care Home/Foyer de soins de longue durée
Bloomington Cove
13621 -9th Line
Stouffville, ON L4A 7X3

Name of Inspector(s)/Nom de l'inspecteur(s)
Susan Squires - 109

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(s) spoke with: **Administrator, Director of Care, Associate Director of Care, RPN, PSW, Family member, Resident**

During the course of the inspection, the inspector: **Review of Care unit, review of health record, review of policies for Abuse and education.**

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

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



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.

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-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.)

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. 2007, c. 8, s. 6 (1).

Findings:

1. There was no plan of care to manage a resident who is incontinent of bowel and bladder functions.

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WN # 2: The Licensee has failed to comply with: **O.Reg 79/10 s.104(1)4**
 In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

4. Analysis and follow-up action, including,
 - a. the immediate actions that have been taken to prevent recurrence, and
 - b. the long-term actions planned to correct the situation and prevent recurrence

Findings:

1. The Critical incident did not state what long-term actions have been planned to correct this situation and prevent recurrence. The home did not complete analysis and follow up of the incident of abuse.

It is noted that the home has followed up with the immediate actions taken to prevent recurrence.

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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).

[Signature] (109)
 Nov. 26, 2010