



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus 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^{ième} étage
Toronto, ON M4V 2Y7

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

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

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

<input type="checkbox"/> Licensee Copy/Copie du Titulaire		<input checked="" type="checkbox"/> 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_08Nov15 1032	Type of Inspection/Genre d'inspection Critical Incident Log # T2105
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		
<p>The purpose of this inspection was to conduct a Critical Incident inspection.</p> <p>During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, Associate Director of Care, RPN, PSW,</p> <p>During the course of the inspection, the inspector: Review of Care unit, review of health record, review of policies for Abuse and education.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Responsive Behaviors</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. 134 (a)**
Every licensee of a long-term care home shall ensure that, when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

Findings:

1. A resident who receives daily analgesia was not assessed quarterly or more frequently. There was no monitoring of effectiveness of analgesic for a resident with identified pain.

Inspector ID #: 109

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).