



**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^{ième} 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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 16, 17, 18, 2011	2011_153_2905_16May101541	Complaint T-1077

Licensee/Titulaire
Specialty Care - Bradford Inc. 400 Applewood Crescent, Suite 110, Vaughan, ON L4K 0C3

Long-Term Care Home/Foyer de soins de longue durée
Bradford Valley, 2656 Line 6, Bradford, ON L3Z 3H5

Name of Inspector(s)/Nom de l'inspecteur(s)
Lynn Parsons

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to resident care.

During the course of the inspection, the inspector(s) spoke with: complainant, personal support workers, Registered Nurses, dietary aide, Food Service Manager & Registered Dietician.

During the course of the inspection, the inspector(s): reviewed health care record, 24 HR Reports, Diet Tool, Nutritional flow sheets & visual/bedside kardex report.

The following Inspection Protocols were used in part or in whole during this inspection:
Dining Observation
Nutrition & Hydration

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 LTCHA, 2007, S.O. 2007, c.8, s.6 (1)c, (7).

- (1) 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.
- (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

- The plan of care for the identified resident provided conflicting information for staff as it related to nutritional care.
- The identified resident was not provided food and fluid as specified in the nutritional plan of care.

Inspector ID #: 153

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 there is a written plan of care for the identified resident that sets out clear directions to staff and others who provide nutritional care to the resident, and ensure that the nutritional care set out in the plan of care is provided to the identified resident, 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.

Lynne Parsons R.N., B.A.