



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 12, 2017	2016_252513_0014	034901-16	Resident Quality Inspection

Licensee/Titulaire de permis

NORWOOD NURSING HOME LIMITED
122 TYNDALL AVENUE TORONTO ON M6K 2E2

Long-Term Care Home/Foyer de soins de longue durée

NORWOOD NURSING HOME
122 TYNDALL AVENUE TORONTO ON M6K 2E2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JUDITH HART (513), SARAH KENNEDY (605), SARAN DANIEL-DODD (116)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 22, 23, 28, 29, 30, 2016.

During the course of the inspection, the inspector(s) spoke with residents and families, director of care (DOC), associate DOC (ADOC), registered nursing staff, personal support workers (PSWs), activity director, receptionist, unit clerks, substitute decision makers (SDMs) and Residents' Council president.

During the course of the inspection, the inspector(s): conducted a tour of the home; observed medication administration, resident to resident interactions, staff to resident interactions and the provision of care; reviewed resident health care records, staff training records, meeting minutes for Residents' Council and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council**

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.
Satisfaction survey**



Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee has failed to seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.

The Residents' Council minutes were reviewed for one calendar year and no documentation was evident that the licensee sought the advice of the Residents' Council in developing and carrying out the July 2016 satisfaction survey, and in acting on its results

An interview with the Residents' Council president, resident #020, revealed uncertainty regarding questions about the home's annual satisfaction survey, specifically uncertainty with the home seeking advice of the Council in developing and carrying out the survey and in acting on any results.

An interview with the Residents' Council assistant, staff # 107, revealed that the home did not seek the advice of the Council in developing and carrying out the annual satisfaction survey, and in acting on any results.



An interview with the assistant administrator confirmed the home did not seek the advice of the Council in developing and carrying out the 2016 annual satisfaction survey and in acting on any results. [s. 85. (3)]

2. The licensee has failed to ensure that the licensee document and make available to the Residents' Council the results of the satisfaction survey in order to seek the advice of the Council about the survey.

The Residents' Council minutes were reviewed for one calendar year and no documentation was evident that the licensee made available to the Resident's Council the results of the July 2015 or July 2016 annual satisfaction survey in order to seek the advice of the Council about the survey.

An interview with the Residents' Council president, resident #020, revealed uncertainty regarding questions about the home's annual satisfaction survey, specifically uncertainty with the home making available any results of the survey to the Resident's Council and to seek their advice about the survey.

An interview with the Resident's Council assistant, staff # 107, revealed that the home did not make available any results of the annual survey to the Resident's Council, nor sought their advice about the survey.

An interview with the assistant administrator confirmed the home did not did not make available any results of the July 2015 and July 2016 survey to the Resident's Council, nor sought their advice about the survey. [s. 85. (4) (a)]



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Issued on this 13th day of February, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.