



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

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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	January 12, 13, 2011	Inspection No/ d'inspection 2011_159_9562_12Jan105751	Type of Inspection/Géne d'inspection CI H-00089
Licensee/Titulaire The Regional Municipality Of Peel 10 Peel Centre Drive, Brampton, ON, L6T 4B9			
Long-Term Care Home/Foyer de soins de longue durée Peel Manor 525 Main Street North Brampton, On L6X 1N9			
Name of Inspector(s)/Nom de l'inspecteur(s) Asha Sehgal			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident investigation.			
During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Food Service Manager, Registered Dietitian, Nursing Staff and Personal Support Service workers (PSWs).			
During the course of the inspection, the inspector: reviewed health care records, interviewed staff.			
The following Inspection Protocols used during this inspection: Personal Support Services Nutrition and Hydration			
Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN			



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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*

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement du directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: 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 constitue 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. 59 (b)

59 Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,

(b) Occupational therapy and speech-language therapy.

Findings:

A review of an identified resident's health record revealed that in November 2010, the Registered Dietitian had made a request for therapy services to assess resident. There was no record of swallowing assessment completed by the specialist. Interview with the Director of Care and the Dietitian confirmed that the attending physician had signed the request form for assessment, which was faxed to the Community Care Access Centre in November 2011, but the resident did not receive the assessment.

There was no information to confirm that the home had followed the request for assessment.

Inspector ID #: 159

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.

ASL Selyap

Title:

Date:

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

April 29, 2011