



**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

Hamilton Service Area Office  
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Hamilton ON L8P 4Y7

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119, rue King Ouest, 11<sup>ème</sup> étage  
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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 3 and 4, 2010	2010_141_9572_02Nov165859	Other H-02445

**Licensee/Titulaire**  
The Regional Municipality of Peel, 10 Peel Centre Drive, Suite B, 4<sup>th</sup> floor, Brampton, On. L6T 0E5

**Long-Term Care Home/Foyer de soins de longue durée**  
Sheridan Villa, 2460 Truscott Drive, Mississauga, On. L5J 3Z8

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sharlee McNally, LTC Compliance Inspector – Nursing #141

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a inspection following the admission of residents to the Special Behavioural Unit opened September 20, 2010

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Supervisor for the unit, Registered Nurses, Registered Practical Nurses, Personal Support Workers

During the course of the inspection, the inspector: completed tour of the home area, observed resident care, monitored a lunch meal, and reviewed resident files.

The following Inspection Protocols were used during this inspection:  
Responsive Behaviours

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 O. Reg. 79/10, s.24(3)(b)

**s.24(3):** The licensee shall ensure that the care plan sets out, clear directions to staff and others who provide direct care to the resident.

**Findings:**

1. An identified resident's 24 hour care plan did not give clear direction to staff and others who provide direct care to the resident, as it did not include strategies for responding to residents responsive behaviours and interventions related to risk of falls

**Inspector ID #:** #141

**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 all residents care plans includes clear direction to staff and others who provide the direct care to the resident, to be implemented voluntarily.

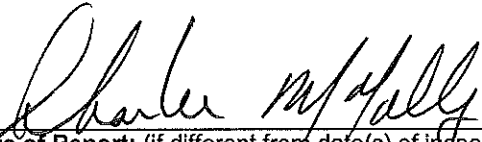


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).  