Ontario

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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

☐ 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
September 21, 2010	2010_111_2534_21Sept142755	CIS (Log#O-000864)

Licensee/Titulaire
Revera Long Term Care Inc.,
55 Standish Court,
Mississauga, ON L5R 4B2
Fax: 289-777-1406

Long-Term Care Home/Foyer de soins de longue durée
Thortonview Long Term Care Centre
186 Thornton Road South,
Oshawa, ON L1J 5Y2
Fax: 905-576-0078

Name of Inspector(s)/Nom de l'inspecteur(s)
Lynda Brown (ID#111)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection for two residents related to abuse.

During the course of the inspection, the inspector spoke with PSW's & an RPN of the second floor, the physician, Associate Director of Care, Director of Care and the Administrator.

During the course of the inspection, the inspector observed the residents and reviewed their health records. The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect.

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.19(1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.	
Findings: **An identified, cognitively impaired resident at risk for abuse was not provided a safe and secure environment.**	
Inspector ID #:	111

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.26 (3)19 A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Safety risks.	
Findings: **An identified, cognitively impaired resident at risk for abuse did not have a plan of care in place to minimize the safety risks associated with abuse.**	
Inspector ID #:	111

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.** Lynda Brown
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Nov. 23, 2010