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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

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
September 3, 2010	2010_132_2809_03Sep111100	Other (Critical Incident) T0656

Licensee/Titulaire
St. Demetrius (Ukrainian Catholic) Development Corporation, 60 Richview Road, Etobicoke, ON M9A 5E4

Long-Term Care Home/Foyer de soins de longue durée
Ukranian Canadian Centre, 60 Richview Road, Etobicoke, ON M9A 5E4

Name of Inspector(s)/Nom de l'inspecteur(s)
Rosemary Lam (#132)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an other (Critical Incident) inspection. T0656

During the course of the inspection, the inspectors spoke with: The Administrator; Director of Resident Care Operations; Assistant Director of Care; Charge nurses on the unit; PSW staff on the unit.

During the course of the inspection, the Nursing Inspector conducted a health record review.

The following Inspection Protocols were used in part or in whole during this inspection:
Critical Incident Response Inspection Protocol

☒ 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: the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8, s. 6 (7) (10) (b) (c)

(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.

(10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective. .

Findings:

1. A Resident's care regarding monitoring a specific drug blood level was not provided as set out in the plan of care.
2. A Resident's plan of care was not revised regarding a complaint of specific pain and treatment was not provided until 7 days later.

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 regarding ensuring the plan of care is implemented regarding monitoring laboratory blood work and the plan of care is revised when there is a change in the resident's health status including pain and serious injury.

Inspector ID #:	132

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). Sept 29. 2010