



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

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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**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**

Bureau régional de services de  
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TORONTO ON M2M 4K5  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 17, 2015	2015_108110_0001	T-123-14A	Resident Quality Inspection

**Licensee/Titulaire de permis**

REGIONAL MUNICIPALITY OF YORK  
17250 Yonge Street NEWMARKET ON L3Y 6Z1

**Long-Term Care Home/Foyer de soins de longue durée**  
YORK REGION NEWMARKET HEALTH CENTRE  
194 EAGLE STREET NEWMARKET ON L3Y 1J6

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**  
DIANE BROWN (110)

**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): January 12, 13, 14, 2015.**

**This report is to be included as part of the home's RQI inspection, inspection # 2015\_168202\_0001.**

**During the course of the inspection, the inspector(s) spoke with registered nursing staff, personal support workers and residents**

**The following Inspection Protocols were used during this inspection:**

**Dining Observation**

**Infection Prevention and Control**

**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)**



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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Legendé**

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.



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:  
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that proper techniques are used to assist residents with eating, including safe positioning of residents who require assistance.  
At lunch, on an identified date, in an identified unit dining room, resident #16 was observed being fed by a staff while the resident was positioned at approximately 70 degrees. A registered staff interview confirmed that the resident was not at a safe feeding position and repositioned the resident at 90 degrees.  
Resident's plan of care identifies resident #16 with chewing and swallowing difficulties related to specific health conditions and that the resident requires modified texture food and fluid consistencies to support chewing and safe swallowing. [s. 73. (1) 10.]

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**Issued on this 17th day of February, 2015**

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

**Original report signed by the inspector.**