



## 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., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

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

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>th</sup> étage  
Ottawa ON K1S 3J4

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

	<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 24& 25, 2011	Inspection No/ d'inspection 2011_194_8609_31Jan101737	Type of Inspection/Genre d'inspection Log # 000725 Critical Incident C528-000038-10

Licensee/Titulaire
Ina Grafton Gage Home of Toronto 40 Bell Estate Road, Scarborough, Ontario M1L 0E2

Long-Term Care Home/Foyer de soins de longue durée
Ina Grafton Gage Home of Toronto 40 Bell Estate Road, Scarborough, Ontario M1L 0E2

Name of Inspector(s)/Nom de l'inspecteur(s)
Chantal Lafreniere # 194 Caroline Tompkins # 166

### Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an Inspection relating to a Critical Incident.

During the course of the inspection, the inspectors spoke with the Administrator, Director of Care, Assistant Director of Care, a Registered Nurse and two Personal Support Workers.

During the course of the inspection, the inspectors reviewed the resident's clinical records and a licensee policy on emergency measures.

The following Inspection Protocol was used during this inspection: Personal Support Services

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/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.8(1)Where the Act or the Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system

(b) is complied with. O. Reg. 79/10,s.8(1).

**Findings:**

1. In accordance with Regulation 79/10,s.230 the licensee shall ensure that the emergency plans provide for certain situations.
2. In August, 2010 the Home failed to follow an identified policy.

**Inspector ID #:** 194 & 166

**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).

MAR. 11 / 2011