



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

**Rapport d'inspection  
prévus 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

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**Ministère de la Santé et des Soins de  
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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
April 20, 2011	2011_167_2847_20Apr095409	Inspection related to Complaint # H- 00390
<b>Licensee/Titulaire</b>		
Extendicare Canada Inc. 3000 Steeles Avenue East, Suite 700, Markham, Ontario L3R 9W2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Extendicare Brampton 7891 McLaughlin Road Brampton, Ontario L6Y 5H8		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Marilyn Tone, # 167		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: The Director of Care, the Administrator and the Resident Assessment Instrument Coordinator.

During the course of the inspection, the inspector: conducted a review of the health records for the identified resident and observed care on the unit where the resident resided.

The following Inspection Protocols was used during this inspection:  
 Contenance Care and Bowel management Inspection Protocol

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

2 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: LTCHA 2007 S.O. 2007, c. 8 s. 22(1)**

**Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.**

#### Findings:

The home did not forward copies of letters of complaint that they received to the Director immediately or the responses to the letters of complaint within legislative requirements.



Inspector ID #: # 167	
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, 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 that every written complaint concerning the care of a resident or the operation of the long-term care home received by the licensee shall be immediately forward it to the Director, to be implemented voluntarily.</p>	

<p><b>WN #2: The Licensee has failed to comply with : LTCHA 2007, S.O. 2007, c. 8 s.6(1)(c)</b></p> <p><b>Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.</b></p>	
<p><b>Findings:</b></p> <p>The plan of care for the identified resident did not give clear direction to staff related to toileting needs. There was conflicting information found in the plan of care for the identified resident related to toileting needs.</p>	
Inspector ID #: # 167	

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p><i>Marilyn Lou</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p> <p>May 3, 2011</p>