



**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

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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><br>January 24 2011 | <b>Inspection No/ d'inspection</b><br>2011_166_8609_01Mar111532 | <b>Type of Inspection/Genre d'inspection</b><br>Critical Incident<br>Log O-000132 |
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| <b>Licensee/Titulaire</b><br>Ina Grafton Gage Home of Toronto<br>40 Bell Estate Road<br>Scarborough, ON<br>M1L 0E2 | Tel 416-422-4890<br>Fax 416-422-1613 |
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| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Ina Grafton Gage<br>40 Bell Estate Road<br>Scarborough, ON<br>M1L 0E2 | Tel 416-422-4890<br>Fax 416 -422- 1613 |
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| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Caroline Tompkins #166<br>Chantal Lafreniere #194 |
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**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection related to the care of a resident.

During the course of the inspection, the inspectors spoke with: The Administrator, , a member of the Registered nursing staff, and two PSWs (personal support workers).

During the course of the inspection, the inspectors: reviewed the resident's clinical record.

The following Inspection Protocol was used during this inspection: Hospitalization and Death 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(4)(a)(b) the licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,  
(a) in the assessment of the resident so that their assessments are integrated and are consistent and compliment each other; and  
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated  
(c) and are consistent with and compliment each other.

**Findings:**  
The responses of interviewed staff, the assessment process and the plan of care were not consistent related to the care of a resident.

**Inspector ID #:** #166 #194

**Additional Required Actions:**  
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 for achieving compliance to ensure that every resident who requires a repositioning and turning assessment has a consistent and collaborative approach by the multidisciplinary care team.

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| <p>Signature of Licensee or Representative of Licensee<br/>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>Title:<br/><br/>Date:</p>  | <p>Date of Report: (if different from date(s) of inspection).<br/>March 4 2011</p>  |