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 sous la Loi de 2007 sur les foyers de soins de longue durée

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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 7, 2014	2014_278539_0026	H-001492-14	Resident Quality Inspection

Licensee/Titulaire de permis

VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

Long-Term Care Home/Foyer de soins de longue durée

LEISUREWORLD CAREGIVING CENTRE - MISSISSAUGA
2250 HURONTARIO STREET MISSISSAUGA ON L5B 1M8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

VALERIE GOLDRUP (539), LALEH NEWELL (147), LEAH CURLE (585)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 4,5,6,7, 12, and 13, 2014.

The following Critical Incident Inspections were completed during this inspection: H-000084-14, H-000158-14, H-000272-14, H-000456-14, and H-000931-14. The following Complaint Inspection was completed during this inspection: H-001409-14.

During the course of the inspection, the inspector(s) spoke with Administrator, Directors of Care, Associate Directors of Care, Dietician, Food Service Supervisor, registered staff including Registered Nurses and Registered Practical Nurses, personal support workers (PSW), dietary staff, housekeeping staff, residents and family members of residents.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Residents' Council
Responsive Behaviours
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

- **8 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this 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,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that their policy related to continence care was complied with.

The home’s policy, “Continence Management Program, Bowel and Bladder, V3-239”, revised September 2013, stated that continence needs of residents were to be evaluated with any change in condition that affects continence. Clinical documentation indicated resident #011 had a significant change in condition following a return from hospital in September 2014. Registered staff confirmed the resident became weaker following return from hospital. Registered nursing staff confirmed the resident should have been re-assessed using the home’s Continence/Bowel Assessment form when the resident was identified as having a significant change in condition. [s. 8. (1) (b)]

2. The licensee did not ensure that their policy in relation to acceptable food and fluid temperatures, was complied with.

On November 13, 2014, during lunch meal service in the fourth floor dining room, food and fluid temperatures were taken and found to be outside of the acceptable temperature standards. The home's policy, “Daily Food Temperatures Audit, #V10-713”, revised April 2012, stated that “food temperatures for each meal will be audited on the Daily Food Temperature Audit Form”, and also stated that temperatures indicated on the form were the home’s “minimum standard temperatures for holding temperatures in the serveries”.

At the beginning of the second seating meal service, the following fluid and foods were found above of the home’s acceptable holding temperature range:
i) Milk: 11.7 degrees Celcius. The Daily Food Temperature Audit form indicated milk was to be held at 4 degrees Celcius.
ii) Regular and puree pears: 17 degrees Celcius; minced pears: 18 degrees Celcius. The Daily Food Temperature Audit form indicated dessert was to be held between 4 to 7 degrees Celcius.
iii) Regular strawberry shortcake: 22 degrees Celcius. The Daily Food Temperature Audit form indicated dessert was to be held between 4 to 7 degrees Celcius.

The dessert was observed sitting on a trolley cart at room temperature for 45 minutes prior to being served. The milk container was sitting in an ice bath, however the ice was melted. [s. 8. (1) (b)]

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 be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The licensee did not ensure that residents were provided with food that was safe.

On November 4, 2014, during lunch meal service in the fourth floor dining room, pureed beef, mango, and turnip was available and served to residents requiring puree texture foods. The identified items appeared to pool on the plate and did not hold any shape. The Food Service Supervisor confirmed that pureed items are expected to hold shape. The identified runny puree food was a potential choking risk to residents. [s. 11. (2)]

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 be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee did not ensure that the home was a safe and secure environment for its residents.

During the initial tour of the home on November 4, 2014, the housekeeping door on the 2nd floor north wing was found to be unlocked with cleaning supplies, chemical and hazardous liquids accessible to the resident on the unit. Interview with the charge nurse on the unit, confirmed that the housekeeping door on the unit was to be kept locked at all times. [s. 5.]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (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,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee did not ensure that residents were reassessed and the plan of care was reviewed and revised when the care set out in the plan had not been effective.

A) On March 17, 2014, an admission Minimum Data Set (MDS) review identified resident #010 as having urinary continence control issues. The goal for urinary continence set out in the resident’s plan of care, dated March 7, 2014, was “will decrease frequency of urinary incontinence through the next review date.”

Subsequent MDS reviews on June 19, 2014 and September 18, 2014 indicated the resident’s urinary continence control had worsened. Resident Assessment Protocol (RAP) worksheets completed on the above dates indicated that continence would be addressed in the care plan. Review of the resident’s plan of care indicated there were no changes to the goals and interventions in place for urinary continence since March 2014. Registered staff confirmed that no changes were made to the plan of care, and the goal was no longer appropriate.

B) On May 12, 2014, a MDS review identified resident #011 as having frequent bladder incontinence. The goal for urinary continence set out in the resident’s plan of care, dated May 9, 2014, was “will be continent during waking hours through the review date”.

Subsequent MDS reviews on August 14, 2014 and September 4, 2014 indicated the resident’s condition had worsened, and the resident was incontinent of bladder. RAP worksheets completed on the above dates indicated that continence would be addressed in the care plan. Review of the resident’s plan of care indicated there were no changes to the goal and interventions in place for urinary continence since May 2014. Registered staff confirmed that no changes were made to the plan of care, and the goal was no longer appropriate. [s. 6. (10) (c)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following:

s. 35. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection. O. Reg. 79/10, s. 35 (1).

Findings/Faits saillants :

1. The licensee did not ensure that a resident received preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection.

On November 4, 2014, during Stage 1 of the RQI, resident # 002 was observed resting in their bed in bare feet. The resident's toenails did not appear to have been cut recently. Review of the progress notes indicated that the registered staff had last provided foot care to the resident in April, 2014. On November 7, 2014 a registered staff confirmed that if the resident had received foot care by a registered staff it would have been documented and that the last documentation was from April, 2014. The registered staff reviewed the resident's feet and confirmed that a referral to the foot care nurse should now occur to address the residents thickened big toe toenails. [s. 35. (1)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu; O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The licensee did not ensure that menu items were prepared according to the planned menu.

On November 4, 2014, during lunch meal service in the fourth floor dining room, puree turnips were served. The planned menu indicated that puree turnip and apple was to be served. The dietary staff who prepared the dish confirmed they only used turnip and butter. [s. 72. (2) (d)]

WN #7: 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:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the daily menu was communicated to residents.

On November 4, 2014, during the lunch meal service in the fourth floor dining room, the daily menu was posted; however, it did not reflect what was being served. The Food Service Supervisor confirmed the daily posted menu for the lunch meal was incorrect, and should have reflected what was on the posted weekly menu. [s. 73. (1) 1.]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):
4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).

Findings/Faits saillants :

1. The licensee did not ensure that a critical incident was reported to the Director within one business day.

A)Resident #300 had three falls resulting in being transferred to the hospital in January, 2014 and died. The critical incident was not submitted to the Director until four days after the first fall.

B)Resident # 301 had a fall in March, 2014, was transferred to hospital and died. The critical incident was not submitted to the Director until three days later. A Director of Care confirmed that the events occurred on the weekend and registered staff had not submitted the reports. They confirmed that the staff had been re-educated regarding their submission responsibilities. [s. 107. (3) 4.]

Issued on this 8th day of December, 2014

[redacted]

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

Original report signed by the inspector.