



**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

Hamilton Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 27 and 29, 2010	2010_147_2472_29Oct140241	Complaint – H-01268
<p>Licensee/Titulaire Vigour Limited Partnership on behalf of Vigour General Partner Inc. 302 Town Centre Blvd. Suite #200 Markham, ON L3R 0E8</p>		
<p>Long-Term Care Home/Foyer de soins de longue durée Leisureworld Mississauga 2250 Hurontario Street Mississauga, ON L5B 1M8</p>		
<p>Name of Inspector Laleh Newell - 147</p>		
<p>Inspection Summary/Sommaire d'inspection</p>		



The purpose of this inspection was to conduct a Complaint Incident inspection related to improper care by the home's staff and unexplained bruising.

During the course of the inspection, the inspector spoke with:

Director of Care, Administrator, staff on the unit and observed the resident.

During the course of the inspection, the inspector:

Reviewed resident's clinical chart and reviewed licensee's Skin and Wound Policy.

The following Inspection Protocols were used during this inspection:

Skin and Wound

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

[1] WN
[1] VPC

WN #1 The Licensee has failed to comply with – O.Reg. 79/10, s. 8(1)(b)
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,
(b) is complied with.

Findings:

1. In August 2010 it was reported that an identified resident had developed bruises due to aggressive behaviour while providing care.
2. According to the home's Skin Care Program – V3-1390, the staff are to monitor the affected area and document on a weekly basis, at minimum.
3. The documentation in the progress notes and the weekly Resident Skin Assessment does not support that there were weekly skin reassessment conducted by the staff for over three weeks in September 2010.

Inspector ID #: 147

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 all staff comply with skin care policy, to be implemented voluntarily.

[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.

 Feb 10/11

Title: Date:

Date of Report: (if different from date(s) of inspection).