



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

**Rapport d'inspection  
prévues 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  
longue durée**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 9, 2010	2010_171_2887_09Dec082432	Complaint – H-02119

**Licensee/Titulaire**  
2063414 Ontario Limited as General Partner of 2063414 Investment LP, 302 Town Centre Blvd., Suite 200, Toronto, ON, L3R 0E8,  
FAX: 905-415-7623

**Long-Term Care Home/Foyer de soins de longue durée**  
Leisureworld Caregiving Centre – Brampton Woods, 9257 Goreway Drive, Brampton ON, L6P 0N5

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Elisa Wilson, LTC Homes Inspector (#171)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection regarding resident care.

During the course of the inspection, the inspector spoke with: the Director of Care, registered staff, personal care workers, RAI Coordinator and residents.

The inspector reviewed chart notes and daily care documentation for an identified resident, observed lunch meal service on December 9, 2010, and requested and reviewed Home policy on daily documentation.

The following Inspection Protocols were used during this inspection:  
Personal Support Services  
Nutrition and Hydration

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

6 WN  
2 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.6(1)(c). Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident.

**Findings:**

1. The plan of care for Eating for an identified resident indicates the resident is independent and requires setup help only. The progress notes in September and October 2010 indicate the resident requires and requests assistance to eat on some occasions. The interventions do not provide clear direction to staff regarding level of assistance to provide.
2. The plan of care for Nutritional Status for an identified resident indicates the resident requires a specific supplement three times per day. The last documented dietitian's assessment on August 27, 2010 indicates the resident has been refusing supplements and is now receiving a different supplement two times per day with no indication that the original product is or should continue to be offered.
3. The Medication Administration Record for an identified resident for September 2010 indicates a specific supplement was ordered twice per day but was refused every day of the month. The nutrition interventions and dietitian's assessment do not include this supplement in the plan of care.

**WN #2:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s. 6(10)(b). 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, (b) the resident's care needs change or care set out in the plan is no longer necessary;

**Findings:**

1. The plan of care for an identified resident indicates he is independent with eating, requiring set up help only. However, the resident has required and requested assistance with eating on a number of occasions, according to the progress notes. The assessment in August 2010 in conjunction with the activities of daily living (ADL) resident assessment protocol (RAP) indicate a change in status,

however requirements regarding eating were not specified. There have been no reassessments regarding assistance to eat or new interventions added to the plan of care to address this change in care needs.

**WN #3:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(11)(b). When a resident is reassessed and the plan of care reviewed and revised,  
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

**Findings:**

Identified areas of the plan of care have not been revised and different approaches have not been considered for an identified resident.

1. The care set out in the plan of care indicates this resident is independent with eating and requires set up help only. The progress notes indicate this resident has requested and required assistance to eat some days. The progress notes indicate the resident was given an option to get assistance from a staff person. The resident preferred a different option. This preference and other approaches to provide care requested are not documented in the plan of care.
2. The Medication Administration Records show that the 1 scoop of protein powder added to foods twice per day had been refused every day of September 2010. There is no reassessment regarding the plan of care not being effective and other approaches to use to improve the resident's nutritional intake.

**WN #4:** The Licensee has failed to comply with O.Reg. 79/10, s.26(4)(b). The licensee shall ensure that a registered dietitian who is a member of the staff of the home,  
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

**Findings:**

The plan of care for an identified resident does not include an assessment of all risks related to nutrition care.

1. The dietitian's quarterly assessment August 27, 2010 indicates that this resident is on a weight change program and is desired to gain weight, however the resident's weights have been stable since admission. Protein powder has been ordered to improve protein intake but it is unclear how calorie intake will be improved to affect weight gain.

**WN #5:** The Licensee has failed to comply with O.Reg. 79/10, s.33(1). Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

**Findings:**

1. According to the daily flowsheets which indicate daily care provided, an identified resident did not



receive a tub bath on three designated bath days in October 2010.

**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 each resident is bathed, at a minimum, twice a week, to be implemented voluntarily.

**WN #6:** 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. The Home has a policy "Documentation - Flowsheets" (V3-520) indicating that routine care of the resident is to be documented daily by the Personal Support Workers. There is a column to be filled out by each of three shifts daily, which includes a code indicating no care was provided in that particular section. Identified records for a resident are incomplete and in some cases do not match with care as described in the progress notes for a particular day. The flowsheet records are blank for the evening shift on four days in August 2010 regarding bathing for an identified resident. The flowsheets indicate no shower was given on a particular day, however the progress notes on that day indicate a shower was given.

**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 the policies of the Home are complied with, to be implemented voluntarily.

<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>Eloa Wilson</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). <i>31 Jan 2011</i></p>