



**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
longue durée**

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 28, 2011	2011_146_2570_28Feb103513	H-00274, 00381
Licensee/Titulaire 2063414 Ontario Limited as General Partner of 2063414 Investment LP, 302 Town Centre Blvd, Suite 200, Markham, ON., L3R 0E8		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Brantford, 389 West Street, Brantford, ON., N3R 3V9		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct 2 Critical incident inspections.</p> <p>During the course of the inspection, the inspector spoke with: the Acting Administrator, the Acting Director of Care (DOC), 3 registered staff, 2 personal support workers (PSW) and 2 residents.</p> <p>During the course of the inspection, the inspector: interviewed 2 identified residents and reviewed the health files of 3 identified residents. Falls prevention/ management policy was reviewed.</p> <p>The following Inspection Protocols were used during this inspection: Falls prevention, responsive behaviour management</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN</p>		

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.24(1):

24 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Findings:

1. An identified resident assaulted another resident resulting in injury. The Director was not notified until the Critical Incident report was submitted 2 days after the incident.

WN #2 The Licensee has failed to comply with O. Reg. 79/10, s.34(1):

34(1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures

Findings:

1. The interventions on 3 out of 3 identified residents' care plans reviewed, direct staff to provide daily cleaning of mouth or dentures or daily mouth care.

2. An identified resident confirmed that oral care was not offered twice per day.

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.



Title:

Date:

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

April 1, 2011