



**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 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 16, 2015	2015_214146_0003	H-001032-14, H-001529-14	Complaint

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - BRANTFORD
389 WEST STREET BRANTFORD ON N3R 3V9

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

BARBARA NAYKALYK-HUNT (146)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 8, 12, 13, 14, 2015

This inspection was conducted concurrently with two Critical Incident (CI) inspections. A finding of non-compliance related to the CI inspection is included as a finding in this inspection report under S.6(7).

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (ADOC), Resident Assessment Instrument (RAI) coordinator, registered staff, Personal Support Workers (PSW's), residents and family members. Inspector observed residents in care areas, reviewed health records, policies and procedures and the home's internal notes.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Pain
Personal Support Services
Skin and Wound Care**

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).



Findings/Faits saillants :

1. The licensee has failed to ensure that care set out in the plan of care was based on an assessment of the resident and the needs and preferences of that resident.

A) Resident #600 experienced chronic pain. In early months of 2014, pain assessments completed by nursing indicated the pain was at a level defined as mild; ranging between 0 and 4. The pain assessments indicated an increase in the resident's pain in July 2014, up to 6 on three dates in July 2014. According to the progress notes, the resident and the resident's POA complained to the home about increased pain on multiple occasions in July 2014. The record reflected the resident's increasing and unmanaged pain. The resident did not receive increased pain medication until nine days after the POA's first complaint even though the record indicated the resident's pain did not subside. The plan of care for resident #600 was not based on the resident's pain needs as assessed by registered staff, the resident and POA.

This information is confirmed by the health record, the DOC, the ADOC and registered staff. [s. 6. (2)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A) Resident #009 was assessed in December 2014 as having impaired skin integrity which was partly attributed to the use of a specific product. The plan of care was revised by the wound care nurse and a different product was to be used. When interviewed in January 2015, PSW's and the ADOC indicated that the resident presently uses the old product and recalled no change in the plan of care. The wounds were still present. However, when the ADOC investigated further, it was revealed that a PSW had changed the product back to the original. The care as set out in the revised plan of care by the wound care nurse was not followed by the direct caregivers. This information was confirmed by the record, the wound care nurse and the ADOC.

B) Resident #600's plan of care indicated that on a date in July 2014, a consulting nurse directed staff to complete a specific assessment on the resident every four hours and to give medication; and then to re-assess in 48 hours. However the next specific assessment was completed on July 30, 2014, six days after the change in the care plan. The assessments were not done every four hours; nor was the plan re-assessed in 48 hours. The care as set out in the plan of care was not provided. This information was confirmed by the health record and the ADOC. [s. 6. (7)]



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: care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident; and that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was:

(b) complied with

A) The home's "Falls Prevention Program" V3-630 indicated that after a resident fall, the registered staff will notify the POA/SDM promptly.

On a date in January 2015, resident #009 sustained a fall with injury. The POA was not notified until more than 24 hours later. This information was confirmed by the registered staff notes and the POA. [s. 8. (1) (b)]



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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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:
(b) complied with, to be implemented voluntarily.***

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :



1. The licensee has failed to ensure that on every shift, (a) symptoms indicating the presence of infection in residents were monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

A) According to prevailing practice, as confirmed by the Infection Control Nurse and another registered staff in the home, registered staff were to monitor symptoms indicating possible infection in residents each shift, and, if two or more residents had symptoms, were to begin a line listing which indicated the date of onset of symptoms and specific symptoms for each resident.

On a date in January 2015, the home began a line listing which included nine residents in three of the five areas of the home. A review of the progress notes for the currently symptomatic residents and a review of the 72 hour nursing report revealed that:

- i) Twelve residents had multiple upper respiratory infection (URI) symptoms for two days previous to the first line list (residents #001, 002, 003, 006, 007, 008, 009, 010, 011, 012, 014, 015).
- ii) Three of those residents (#006, 007, 008) had experienced URI symptoms for six days prior to the first line list.

The Infection Control Nurse and registered staff confirmed that no line listing had been initiated until six days after the onset of symptoms. The Infection Control Nurse confirmed that a line list should have been started six days earlier. [s. 229. (5) (a)]

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 on every shift, (a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.



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Issued on this 16th day of January, 2015

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

Original report signed by the inspector.