



**Ministry of Health and
Long-Term Care**

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

**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**

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**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Bureau régional de services de
Hamilton
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HAMILTON ON L8P 4Y7
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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
Oct 6, 2015	2015_188168_0028	H-003266-15 AND H- 003267-15	Follow up

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
LISA VINK (168)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 11, 21, 23, 24, 25, and 30, 2015.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Nursing, Assistant Director of Nursing and registered nursing staff.

During the course of the inspection, the inspector reviewed relevant policies and procedures, training records, employee files and clinical records of identified residents.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Training and Orientation

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

**1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 222. (2)	CO #002	2015_344586_0010	168
O.Reg 79/10 s. 8. (1)	CO #001	2015_344586_0010	168



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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).

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



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1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions, were documented.

Resident #21 had a history of constipation. According to the bowel records in Point of Care, Registered Staff Daily Bowel Protocol Sheet and the Bowel Protocol, the resident should have been administered Milk of Magnesia (MOM) on September 17, 2015. A review of the Medication Administration Record for September 2015 and progress notes for the identified date did not indicate that MOM was administered or offered as required. A review of the Registered Staff Daily Bowel Protocol had an entry of "ref" beside the resident's name for the identified date. Interview with registered staff, including the nurse who worked the day shift of September 17, 2015, indicated that "ref" indicated that the resident refused the medication when offered. Staff verified that the entry on the Registered Staff Daily Bowel Protocol was the only notation of the treatment being offered and that this sheet was not part of the clinical record. It was confirmed that the intervention offered on September 17, 2015, nor the resident's response was documented. [s. 30. (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 ensure that any actions taken with respect to a resident
under a program, including assessments, reassessments, interventions and the
resident's responses to interventions, are documented, to be implemented
voluntarily.***



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Issued on this 6th day of October, 2015

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

Original report signed by the inspector.