

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les fovers de soins de longue

**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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## Public Copy/Copie du public

Inspection No/ No de l'inspection Type of Inspection/Genre Date(s) of inspection/Date(s) de l'inspection d'inspection Jan 6, 23, Feb 1, 2012 2011\_061129\_0008 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

PHYLLIS HILTZ-BONTJE (129)

## Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the resident and the Administrator related to log #H-1906-11

During the course of the inspection, the inspector(s) Reviewed the homes complaint process and the policies related to management of complaints, reviewed the complaint letter submitted and reviewed the response letter provided by the home

The following Inspection Protocols were used during this inspection: **Reporting and Complaints** 

Findings of Non-Compliance were found during this inspection.

## NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé	
DR – Director Referral CO – Compliance Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités	
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)	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.	
	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. 101. Dealing with complaints Specifically failed to comply with the following subsections:

- s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
- 1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
- 2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
- 3. A response shall be made to the person who made the complaint, indicating,
- i. what the licensee has done to resolve the complaint, or
- ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

## Findings/Faits saillants:

- 1. The Licensee did not ensure that a response was provided to every concern identified in a written letter of complaint. An identified resident submitted a written letter of complaint outlining the following concerns:
- concerns about residents using the washrooms in the home related to resident safety, loss of ability to be independent while using the washrooms because of the size of the washrooms and residents using wheelchairs and air quality issues in the small washrooms when the door is closed.
- disruptive residents in the dinning room and the poor quality of meal service related to noise and resident behavior.
- shortage of PSWs
- high use of agency staff
- unacceptable practices occurring during the evening shifts in the home and requesting someone attend the home to see what residents are dealing with.

The response letter provided to the resident on September 26, 2011 did not include what the licensee has done to resolve the concerns identified with respect to safety, maintaining independence and air quality while residents were using designated washrooms, disruptive residents negatively affecting the quality of meal service, current shortages of PSW staff and high use agency staff as well as unspecified practices occurring on the evening shifts that are negatively affecting the residents.



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Issued on this 3rd day of February, 2012

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