



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 21, 22,& 24, 2010	2010_167_2570_21Sep122739	Other related to CIS # H-00965
Licensee/Titulaire		
2063414 Ontario Limited as General partner of 2063414 Investment LP 302 Town Centre Blvd. Suite #200 Toronto, Ontario L3R0E8		
Long-Term Care Home/Foyer de soins de longue durée		
Leisureworld Caregiving Centre 389 West Street, Brantford, Ontario N3R3V9		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Marilyn Tone - Nursing # 167		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct an other inspection related to a critical incident report.

During the course of the inspection, the inspector spoke with: The Director of Care and the Administrator of the home related to the investigation that the home conducted and any outcomes identified.

During the course of the inspection, the inspector: conducted a review of the identified resident's health file, a review of the home's investigation notes and a review of the home's policies and procedures related to medication administration.

The following Inspection Protocols were used during this inspection:

Personal Support Services Inspection Protocol

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

[1] WN

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 O. Reg. 79/10 s.131(2)

The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.



Findings:

- 1) An identified resident received an incorrect dose of insulin prior to the breakfast meal. The Physician's order on the resident's health file indicated that the resident was to receive a specific dose of Insulin prior to breakfast each morning. The resident was given an incorrect dose of insulin instead of the prescribed dose. The Insulin was not administered in accordance with the directions for use specified by the prescriber.

Inspector ID #:

167

**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.**

Marilyn Lowe

Title:

Date:

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

October 9 110