Ontario

**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 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**

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Apr 29, 2013 | 2013_214146_0024 | H-001553-12 | Critical Incident System |

**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 Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 16, 17, 18, 19, 23, 2013**

**This inspection was conducted concurrently with complaint inspections H-001545-12, H-000058-13 and H-001242-12. Non-compliance, S.3(2) related to H-000058-13, is included in this report.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), registered staff, Personal Support Workers (PSW's) and residents.**

**During the course of the inspection, the inspector(s) reviewed health records, staffing schedules and policy and procedures.**

**The following Inspection Protocols were used during this inspection:**
**Dignity, Choice and Privacy**

**Responsive Behaviours**

**Findings of Non-Compliance were found during this inspection.**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend | Legendé |
| WN – Written Notification | WN – Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Aiguillage au directeur |
| CO – Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | 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.)<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.<br><br>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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
**2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

The following rights of residents were not fully respected and promoted:
2. every resident has the right to be protected from abuse.
a. Resident #002 was physically abused by resident #001 on three occasions:
i. In April 2012 resident #002 was pushed down by resident #001 and suffered injury:
ii. In August 2012, resident #002 was pushed down by resident #001 and suffered injury:
iii. In September 2012 resident #002 was struck by resident #001 and suffered injury.
Resident #002 was not protected from abuse as confirmed by the health records and the ADOC.
b. Resident #010 was not protected from abuse by other residents:
i. in May 2012 when resident #010 suffered injury;
ii. in January 2013 when resident #010 was injured; and
iii. in February 2013 when resident #010 was struck but suffered no injury. These incidents were confirmed by the record and a registered staff member. [s. 3. (1) 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 to ensure that the following rights of residents are fully respected and promoted: 2. Every resident has the right to be protected from abuse, to be implemented voluntarily.***

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**WN #2: 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. (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).**

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**Findings/Faits saillants :**

1. Care was not provided as set out in the plan of care.
a. Resident #001's care plan intervention stated that resident #001 was to have 1:1 staffing for days and evening shifts because of unpredictable behaviours toward other residents. In August 2012 resident #001 pushed down resident #002 causing injury to resident #002. The 1:1 staff person assigned to resident #001 was not in attendance with resident #001 at that time and according to the record, was helping out down the hall. The care set out in the plan of care was not provided. [s. 6. (7)]

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 233. Retention of resident records**

**Specifically failed to comply with the following:**

**s. 233. (2) A record kept under subsection (1) must be kept at the home for at least the first year after the resident is discharged from the home. O. Reg. 79/10, s. 233 (2).**

**Findings/Faits saillants :**

1. The records of resident #001, discharged in the autumn of 2012 were not kept at the home for the first year after discharge. The progress notes of resident #001 prior to the date July 1, 2012 were not available in the home when requested on April 16, 2013. The acting Administrator confirmed that there were no progress notes onsite in the home for the time period prior to July 1, 2012 for any discharged residents due to a software change. [s. 233. (2)]

Issued on this 29th day of April, 2013

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

BARBARA NAYKALYK-HUNT