Ontario

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

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 16th and 22nd, 2011	2011_104_2906_16Mar103136	Complaint: O-000549

Licensee/Titulaire
2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd, Suite 200
Toronto, ON, L3R 0E8
Fax: 905-415-7623

Long-Term Care Home/Foyer de soins de longue durée
Leisureworld Caregiving Centre – Ellesmere
1000 Ellesmere Road,
Scarborough, ON, M1P 5G2
Fax: 416-291-4476

Name of Inspector(s)/Nom de l'inspecteur(s)
Judy Macaulay, #104

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the care and services of an unidentified resident.

During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, several registered nursing and PSW staff, the physiotherapist, and several residents.

During the course of the inspection, the inspector reviewed several residents' health records, observed several resident rooms and equipment and reviewed the home's fall prevention and oxygen policies.

The following Inspection Protocols were used in part or in whole during this inspection:
Falls Prevention
Skin and Wound Care
Personal Support Services
Recreation and Social Activities

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

4 WN
2 VPC

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. 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,
(b) is complied with.

Findings:

1. The Oxygen Therapy Policy V3, originated August 2003, indicated:
   - *"Signage is placed on the door to room".* Signage was not posted on March 16th and 22nd, on an unidentified resident's door.
   - *"Each shift registered staff to check that all tubing is intact and flows are set according to doctor's order, and the gauge indicated there is an adequate amount of oxygen on hand and to chart on Oxygen therapy check list".* Interviewed staff confirmed that this checklist is not being utilized.
   - *"The oxygen equipment is maintained as per semi-weekly and monthly checklists".* Interviewed staff confirmed that this checklist is not being utilized.
   - *"Documentation be completed on progress notes as necessary".* Documentation was noted on the Record of Vital Signs and infrequently on the progress notes.
2. There is no policy/protocol related to oximetry testing for residents who are on oxygen therapy.
   - Interviewed registered staff varied in their understanding of how often to complete oximetry testing or where to document results.
3. The home's Oxygen policy was not complied with.

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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 the oxygen policy is complied with. This plan is to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6

(1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

(4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

(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.

Findings:

1. The physician's order was to provide therapy based on an unidentified resident's specific parameters.
   - There was no direction as to how often these parameters were to be taken to determine the level of therapy to be provided.
   - No clear directions were set out for staff related to the provision of therapy for an unidentified resident.
2. This resident's care plan indicated that therapy was to be provided.
   - On March 16, 2011 it was noted that the physician's order differed from the directions on the care plan.
   - The plan of care was not integrated or consistent related to this resident's therapy.
3. A physician's order was written for therapy for this resident.
   - On March 22, 2011 it was observed by the inspector that this therapy was not provided to this resident as specified in the plan.

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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:

- Clear directions are provided on the plan of care for staff and others who provide direct care to all residents who require therapy.
- Staff collaborate with each other in the development and implementation of the plan of care for residents who require therapy so that different aspects of care are integrated and are consistent with and complement each other.
- Therapy is provided to all residents as specified in the plan.

This plan is to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s. 24 (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home.	
Findings: 1. The 24-hour admission care plan was not developed for an unidentified resident upon admission as required.	
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WN #4: The Licensee has failed to comply with O. Reg. 79/10, 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.	
Findings: 1. An unidentified resident's bathing preference was noted on the unit bath list. 2. This resident's flow sheets for bathing were reviewed for a two month period: o Bathing was not documented three times for one month and four times for another month. o No month or year was documented on one flow sheet record. 3. An unidentified resident's oxygen saturation levels were reviewed. o Oxygen saturation levels were not recorded on the record of vital signs for more than three weeks on two occasions. o Oxygen saturation levels were documented in the progress notes on several occasions over a three month period. o Bathing interventions and oxygen saturation levels assessments were not consistently documented as required under the skin and wound care and pain management programs.	
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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.** Macaulay, LTCH inspector
Title: **Date:**	**Date of Report:** March 25, 2011