



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

**Rapport d'inspection
prévus 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

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 14, 2010	Inspection No/ d'inspection 2010-155-2830-14Sep112801	Type of Inspection/Genre d'inspection Critical Incident (L-00798)
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Licensee/Titulaire
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-Elmira, 120 Barnswallow Drive, Elmira, ON N3B 2Y9

Name of Inspector(s)/Nom de l'inspecteur(s)
Sharon Perry #155

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a/an critical incident inspection relating to a resident being left alone on a lift.

During the course of the inspection, the inspector spoke with: Administrator; Director of Care; Assistant Director of Care; two PSW; and one resident.

During the course of the inspection, the inspector: reviewed resident's clinical records; education records regarding lifts and transfers; Lifting devices-mechanical lift policy; and an employee file.

The following Inspection Protocols were used in part or in whole during this inspection:
Personal Support Services

There are no findings of Non-Compliance as a result of this inspection.

Two (2) findings of Non-Compliance were found during this inspection. The following action was taken:

2 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 LTCHA, 2007, S.O.2007,c.8,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.

Findings:

1. Plan of care for resident states a two person transfer with the Sabina lift. Resident was left sitting on the toilet alone in the Sabina lift.
2. Plan of care for resident states that is not to be left unattended when on the toilet. Resident was left alone on the toilet in the Sabina lift.

Inspector ID #: 155

WN #2: The Licensee has failed to comply with O.Reg. 79/10,s.36. The licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting resident.

Findings:

1. Resident was left in the Sabina lift alone in the bathroom. Two staff are required to use the Sabina lift.

Inspector ID #: 155

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.

Title: Date:

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

September 16, 2010