



**Ministry of Health and
Long-Term Care**

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

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

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 26, 2015	2014_376594_0018	S-000441-14, S-000393 -14	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 - NORTH BAY
401 WILLIAM STREET NORTH BAY ON P1A 1X5

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

MONIKA GRAY (594)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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

This inspection was conducted on the following date(s): September 30, October 01, 02, 03, 2014.

This inspection was conducted concurrently with Critical Incident Inspection 2014_376594_0017.

During the course of the inspection, the inspector(s) spoke with Residents, Housekeeper, Environmental staff, Dietary Staff, Unit Schedule Clerk, Resident Relations Coordinator, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Environmental Services Manager (ESM) and the Administrator.

The inspector(s) also reviewed policies, plans of care and other documentation within the home, conducted daily walk through of the resident care areas and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Falls Prevention
Personal Support Services
Reporting and Complaints
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

4 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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:**
- 5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that residents live in a safe and clean environment. In a complaint received by the Ministry, it was stated that the home is unclean, there is a strong odour and the windows are dirty. On October 01, 2014 Inspector #594 observed the following:

- a commode with feces and a urinal filled with urine, both left unattended in a resident room. When brought forward by the inspector, staff #S-104 stated that they were responsible for leaving this in the resident room and then disposed of the contents in the resident washroom
- a used brief sitting on a resident dresser unattended in a resident room. When brought forward by the inspector, staff #S-105 verified it was a dirty brief and disposed of immediately
- rusty shelf brackets beside washroom sink in a resident room, and rust spots on the floor in rear corner of room under the window
- rust on baseboard heater in a common area lounge
- condensation build up between window panes throughout the home

In an interview, the Environmental Services Manager told the inspector that windows need to be replaced, especially along the waterfront side of the building and stated there are no plans in the budget to replace windows. Review of the home's Goals and Objectives – Environmental Policy #V8-160 states that the purpose of the policy is to ensure provisions of a safe, comfortable, clean and well-maintained environment for all residents, staff and visitors to the home; and the goals and objectives for the environmental program include, but are not limited to maintaining a safe, clean, comfortable and appropriate environment for all residents; maintaining furnishings and equipment in good repair and supporting and respecting residents' rights.

Inspector reviewed the home's Cleaning, Disinfection and Sanitization Policy #V6-030 which states the purpose of the policy is to ensure that all nursing equipment, supplies and environmental surfaces are cleaned, disinfected and/or sanitized and are maintained in a clean state to prevent and control the spread of infection, minimize odour and maintain cleanliness. Procedures related to bedpans and urinals are to empty contents of bedpans and urinals into the toilet in the resident washroom and cover with a paper towel to prevent the spread of odour and infection and carry to the nearest soiled utility room to clean with designated germicidal disinfection and return to storage location in resident room. [s. 3. (1) 5.]



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 residents live in a safe and clean environment, to be implemented voluntarily.

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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the provision of the care set out in the plan of care was documented for resident #001. In a complaint received by the Ministry, it was identified that a bath treatment and lotion were to be applied to resident #001, but was not being completed, because family had yet to replace the bath treatment product or lotion. Over the course of one month only two bath treatment products were used, when they should have been used at each bath. Inspector #594 reviewed resident #001's health care record and care plan, which identified the use of a bath treatment on bath days, and use of a lotion daily in the evening and as required, and to inform registered staff when these products are close to being finished so the family can be notified.

Inspector #594 interviewed staff #S-109 who stated that RNs can, and will add treatments to the Treatment Administration Record (TAR); and that a bath treatment would be added to the TAR by the RN. In an interview with the inspector, staff #S-116 stated that treatments for residents are to be documented on the TAR. According to staff #S-109 an RN can also add treatments to the TAR, and RPNs document on the TAR when the PSW has completed a bath treatment. The inspector reviewed resident #001's TAR for one month in 2014, which stated that a separate cream treatment was to be applied as needed and to notify family when it needs to be reordered but the bath treatment was not identified on the TAR.

A review of the home's Medication Administration Policy #V3-890 by the inspector identified that nurses are to enter all non-drug related orders (all orders whereby the pharmacy is not dispensing a medication or drug) into the Electronic Medication Administration Record/Electronic Treatment Administration Record system appropriately.

Consequently the bath treatment and use of a special lotion was not documented on or in Resident #001's TAR as indicated in the home's Medication Administration Policy #V3-890 and by staff #S-116 and #S-109. [s. 6. (9) 1.]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily accessed and used by residents, staff and visitors at all times. In a complaint received by the Ministry, it was identified that a resident was constantly asking for their call bell and that it was on the floor or elsewhere. On October 02, 2014 Inspector #594 observed the following:

- Resident #003 in bed with their call bell pull cord on the floor out of reach
- the call bell pull cord in bathroom of a resident room, broken off and laying on top of the toilet.
- Resident #004 told the inspector it had been broken the day prior and they would have no way of calling for help in the bathroom if they required assistance
- the call bell pull cord wrapped around shelf bracket in bathroom of a resident room
- the call bell pull cord wrapped around toilet assist bar in a resident bathroom
- Resident #005, while in bed, had their call bell pull cord clipped to the top left corner of their bed and the cord dangling on the floor. When asked by the inspector if resident #005 was able to reach their call bell cord, resident #005 demonstrated their inability to reach the call bell pull cord but instead pulled on the light cord to turn off the overhead light

The inspector reviewed the home's Call Bell System Policy #V3-250 which identified the responsibility of all staff to secure the call bell in a safe and appropriate manner that facilitates access and use by the resident and to ensure all parts of the call bell system are in good working order. [s. 17. (1) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference



Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,**
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).**
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).**
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a record, of the interdisciplinary team providing a resident's care conference, is kept of the date, the participants and the results of the conference. In a complaint received by the Ministry, it was identified that an annual care conference for resident #001 was completed in 2014, however the staff that were present were unable to provide any information or updates because they did not have any reports from the resident's chart. In another complaint received by the Ministry it was identified that an annual care conference for resident #002 was completed in 2014 with representatives from the Dietary and Activities department. According to the complaint, the representative from nursing was perceived to be a new registered staff member, who did not understand the resident's care.

During an interview with the inspector, the Resident Relations Coordinator stated that the annual care conference is a multidisciplinary team meeting and if a manager is unable to attend, the Resident Relations Coordinator will take the information/concerns of the manager and bring forward to the meeting. Documentation is to be completed by each department and typically nursing will complete the full report. Each department is to make their own notes, and if the Resident Relations Coordinator is first at the meeting they will identify the participants in the notes. All documentation of the care conference is to be documented in the resident's progress notes. Inspector #594 interviewed registered staff #S-108, who stated during annual care conferences each department is responsible for documenting in the resident's progress notes. During an interview with the Inspector, registered staff #S-111 stated that department representatives attending annual care conferences include activity, dietary, nursing staff, families and residents.



Each member is to document in the progress notes what was discussed. Inspector #594 interviewed the Administrator who validated documentation by each discipline is to occur in the progress notes.

Review of resident #001 health care record, by Inspector #594, identified a separate entry by the Recreation Assistant, Resident Relations Coordinator and an RPN for an annual care conference scheduled in 2014, however it failed to identify the participants. Inspector #594 reviewed resident #002's health care record and it identified an annual care conference scheduled for 2014. The inspector reviewed the progress notes for the scheduled care conference which had an entry from the Resident Relations Coordinator one week after the care conference confirming "the care conference did occur and family present but not documented". A late entry in the progress notes, two weeks after the scheduled care conference, from the Recreation Manager identified their attendance at resident #002's annual care conference. No further documentation identifying the date, the participants and the results of the conference were observed by the inspector.

A review of the homes Meetings – Care Conference Participants Policy #V9-370 by the inspector identified, each Leisureworld Caregiving Centre will develop a system for scheduling and organizing annual care conferences including: notifying the resident/substitute decision-maker and recording the date, the participants and the results of the conference.

Consequently the record of Resident #001's annual care conference failed to identify all the participants involved. The record of Resident #002's annual care conference failed to identify the participants and the results of the conference as indicated by the home's Meetings – Care Conference Participants Policy #V9-370 and by the Resident Relations Coordinator, staff #S-108, #S-111 and the Administrator. [s. 27. (1)]



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 27th day of January, 2015

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

Original report signed by the inspector.