



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 prévue le Loi de 2007 les foyers de soins de longue

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Sep 8, 13, 14, 15, 16, 19, 20, 21, 22, 23, 26, 29, 30, Oct 3, 5, 7, 11, 2011; 2011_080189_0016; Resident Quality Inspection

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 - O'CONNOR COURT
1800 O'Connor Drive, East York, ON, M4A-1W7

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

NICOLE RANGER (189), GLORIA STILL (164), NANCY A. BAILEY (174), TIINA TRALMAN (162)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Assistant Director of Care, Resident Care Coordinator, Dietary Supervisor, Registered Dietitian, Environmental Manager, Housekeeping staff, Maintenance staff, Recreation Supervisor, Registered Staff, Personal Support Workers, Family Council President, Resident Council President, Family members, Residents

During the course of the inspection, the inspector(s) Reviewed residents health records
Reviewed relevant policies and procedures
Reviewed Admission and Tour Packages
Reviewed Minutes of the Family Council, Resident Council and Food Committee
Observed Food Production, Meal and snack services
Observed relevant medication administration and drug storage areas
Observed staff to resident interactions
Conducted environmental scan

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance



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Admission Process

Continence Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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. 15. Accommodation services
Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The home furnishings are not kept clean and sanitary.
Inspectors observed heavily soiled chairs in multiple resident rooms, lounge areas and hallways throughout the home.
2. The home, furnishings and equipment are not maintained in a safe condition and in a good state of repair.
Inspectors observed furnishings in the home in disrepair including multiple chairs with worn and chipped arms and legs, all nursing station desks with broken and damaged surfaces, baseboards in multiple areas of the home detaching from the wall, holes in wall in residents' rooms with extensive damage specifically in three resident rooms, rough plaster on walls that are unfinished and unpainted, exposed metal wall edges in residents rooms.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services
Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The program of maintenance services does not include schedules and procedures for routine, preventative and remedial maintenance.
During the interview with the Environmental Service Manager, it was reported there are no current schedules for routine, preventative and remedial maintenance.

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 for ensuring the program of maintenance services include routine, preventative and remedial maintenance schedules in the home., to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program Specifically failed to comply with the following subsections:

s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;
- (b) cleaning and disinfection;
- (c) data collection and trend analysis;
- (d) reporting protocols; and
- (e) outbreak management. O. Reg. 79/10, s. 229 (3).

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

- 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
- 2. Residents must be offered immunization against influenza at the appropriate time each year.
- 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
- 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
- 5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

- 1. During observation of medication administration on September 15th, 2011 identified Registered Nurse (RN) did not wash and/or sanitize their hands prior to administering medication(s) to subsequent residents.
- 2. The Acting Assistant Director of Care who co-ordinates the Infection Control program, does not have the required education or experience in infection prevention and control practices in (b)cleaning and disinfection, (c) data collection and trend analysis, (d) reporting protocols, (e) outbreak management.
- 3. Residents are not offered immunizations against diphtheria and tetanus in accordance with publicly funded immunization schedules posted on the Ministry website.

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 infection prevention and control program required under subsection 86(1) of the Act complies with the requirements of this section., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. On September 8th, 2011, the licensee did not ensure that the home was a safe and secure environment for its residents. An unsupervised area on 3rd floor 3B, had the following items accessible to residents: open tool box containing screwdrivers, pliers, wrenches and multiple tools; paint tins; electric drill; carpet and scrapping knives; container of adhesive; powdered concrete.

Immediate action taken by the home when issued was identified by inspector

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 all home areas that are accessible to residents and under repair, are kept safe and secure at all times., to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information
Specifically failed to comply with the following subsections:

s. 225. (3) The licensee shall ensure that the fundamental principle set out in section 1 of the Act and the Residents' Bill of Rights are posted in both English and French. O. Reg. 79/10, s. 225 (3).

Findings/Faits saillants :

1. The posted Residents' Bill of Rights in French is not fully visible. Residents' Rights 1-12 is covered by a large picture frame.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production
Specifically failed to comply with the following subsections:

s. 72. (2) The food production system must, at a minimum, provide for,
(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
(c) standardized recipes and production sheets for all menus;
(d) preparation of all menu items according to the planned menu;
(e) menu substitutions that are comparable to the planned menu;
(f) communication to residents and staff of any menu substitutions; and
(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. The food production system on September 21, 2011 did not provide for preparation of all menu items according to the planned menu. Inspector observed Chef Salad plates prepared in the main kitchen were assembled with regular dressing.

Two identified residents prescribed modified diabetic diet were observed to be served their chef salad plate with regular dressing. No chef salad plate was prepared with diet/low calorie dressing for the two identified residents. Dietary Supervisor and Registered Dietitian confirmed that diet/low calorie dressings were to be provided to residents who are prescribed a diabetic diet.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91
- (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The admission package provided to resident/SDM does not include a disclosure of the non-arm's length relationship that exists between the licensee and other provider(s) who offers care, services, programs or goods to residents. s. 78(2) (n)

WN #8: 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 subsections:

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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. On September 21, 2011 At the lunch meal, two identified residents prescribed modified diabetic diet, 1500-1800 kcal/day were observed to be served their chef salad plate with regular dressing.
2. The home did not reassess identified resident's oral lesion.
On May 30th, 2011, a dental assessment for identified resident revealed an oral lesion. The resident's oral lesion was not reassessed and the plan of care was not reviewed and revised to determine if the issue was resolved.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

The home does not communicate improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents to the family council.

WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council
Specifically failed to comply with the following subsections:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

On March 23, 2011, the Administrator was informed of a concern relating to benches removed from the front entrance. A written response on April 4, 2011 was not presented to the family council until the meeting of June 21, 2011

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following subsections:

s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

- (a) all expired drugs;
- (b) all drugs with illegible labels;
- (c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and
- (d) a resident's drugs where,
 - (i) the prescriber attending the resident orders that the use of the drug be discontinued,
 - (ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or
 - (iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

s. 136. (5) The licensee shall ensure,

- (a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective;
- (b) that any changes identified in the audit are implemented; and
- (c) that a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 136 (5).

Findings/Faits saillants :

1. A review of the medication management system and interview with DOC revealed there is no policy that provides for the ongoing identification, destruction and disposal of medications for a resident that is discharged and the drugs prescribed for the resident are not sent with the resident. s.136.(1)(d)(iii)
2. The home does not have a written record that the recommendations made as a result of the audit for disposal of medications completed July 14, 2011 were implemented. s.136.(5)

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation

Specifically failed to comply with the following subsections:

s. 116. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 116 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the Registered Dietitian who is a member of the staff of the home meet annually as a member of the interdisciplinary team to evaluate the effectiveness of the medication management system in the home.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following subsections:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).
-

Findings/Faits saillants :

1. On September 15, 2011, the following medications were observed in the stock medication cupboard beyond the manufacturer expiry date:
ointment expiry date 2011/01 - 2 expired tubes
ointment expiry date 2011/06 - 1 expired tube. s.129 (1)(iv)
 2. On September 15, 2011, topical medication prescribed to resident, was observed in the resident's care caddy on top of the clothes cupboard in resident room. s. 129.(1)(a)
 3. Medication prescribed to resident was not stored in a separate locked area within the locked medication cart as per medication cart inspection September 15, 2011. s. 129. (1)(b)
-

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

- 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,
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).
-

Findings/Faits saillants :

1. The registered staff did not comply with Medications - Administration, Policy V3-890,3, which states "Registered staff giving medications shall keep medication keys on their person at all times".
On September 15th 2011, Registered staff gave the medication keys to PSW to get an incontinent product out of the medication room.
2. The registered staff did not comply with Medications - Self Administration, Policy V3-1050,3.f which states "Resident Medication Self-Administration Agreement form to be completed".
A review of the health record for identified resident and as per discussion with registered staff, revealed the resident did not sign the "Medications-Self Administration-Self Administration Agreement" when the resident started self administering medication on March 17, 2011.
3. The registered staff did not comply with Medications - Administration, Policy V3-890,11, which states " Registered staff giving medications shall chart medication on the Medication Administration Record (MAR) when the medication is given to the resident".
On September 14th, 2011, resident's 1630 hour medications were contaminated and administered not until 2100 hour. This late administration was not signed on the MAR.
Registered staff reported Tylenol #2 was administered to identified resident at 0800 hour on September 16th, 2011. The MAR and narcotic control sheet were not signed until the inspector identified the absence of a signature.
4. The registered staff did not comply with Medications - Administration, Policy V3-890, 12 which states " If a resident refuses to take a medication, indicate the refusal on the MAR record, and make a note in the Progress notes, indicating the reason for the refusal, and the interventions taken to administer the Medication".
On September 19th, 2011, Pre-poured medications for identified resident, - observed in medication cart at 1030 hours. Registered staff reported the resident refused the oral 0730 hour medications and staff was going to try again now to administer. When asked what the protocol was for a resident who refused their medications registered staff responded that you try again later. The DOC reported the policy for administering medications when medications are refused is to approach the resident within 1 hour of the assigned administration time.
5. The registered staff did not comply with Medications - Ordering and Reordering Policy and procedure V3-1010, which states " Registered Nursing staff are responsible to follow the reordering system in a timely and efficient manner".
The following topical medications were not available on September 16th, 2011 - Elocolm 0.1% lotion prescribed when needed (prn) to identified resident and Canesten Cream prescribed when needed (prn) to identified resident.

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 The registered staff comply with the home policies and procedure for administration of medication, to be implemented voluntarily.

WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The Residents' Council advised the Administrator of a concern on April 26, 2011 relating to the threshold at front door being too steep. A written response was not provided to the Residents' Council until May 17, 2011 .

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

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;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (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. During the initial tour observation on September 8th, 2011, the inspector observed that a resident did not have a call bell system at the bedside.

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
 - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
 - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
 - (iii) contact surfaces;
- (c) removal and safe disposal of dry and wet garbage; and
- (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The housekeeping program does not include procedures for cleaning common area furnishings. Inspector observed soiled and stained chairs in the common areas on all floors.

WN #18: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee did not seek the advice of the Residents' Council and the Family Council in developing and carrying out the satisfaction survey and in acting on its results.



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
prévus le Loi de 2007 les
foyers de soins de longue

Issued on this 19th day of October, 2011

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

A handwritten signature in black ink that reads "Nicole Ranger". The signature is written in a cursive style with a large initial "N".



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

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

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**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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|--|--|
| Name of Inspector (ID #) / Nom de l'inspecteur (No) : | NICOLE RANGER (189), GLORIA STILL (164), NANCY A. BAILEY (174), TIINA TRALMAN (162) |
| Inspection No. / No de l'inspection : | 2011_080189_0016 |
| Type of Inspection / Genre d'inspection: | Resident Quality Inspection |
| Date of Inspection / Date de l'inspection : | ^{9, 12, 11} Sep 8, 13, 14, 15, 16, 19, 20, 21, 22, 23, 26, 29, 30, Oct 3, 5, 7, 11, 2011 |
| Licensee / Titulaire de permis : | 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP 302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8 |
| LTC Home / Foyer de SLD : | LEISUREWORLD CAREGIVING CENTRE - O'CONNOR COURT 1800 O'Connor Drive, East York, ON, M4A-1W7 |
| Name of Administrator / Nom de l'administratrice ou de l'administrateur : | SHARON STEELE |

To 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee shall submit a plan to ensure the home, furnishing, and equipment are kept clean and sanitary; and the home, furnishings and equipment are maintained in a safe condition and in a good state of repair (2007, c.8, s.15 (2))

The home shall submit the plan to the inspector by November 1, 2011

Grounds / Motifs :

1. The home, furnishings and equipment are not maintained in a safe condition and in a good state of repair. Inspectors observed furnishings in the home in disrepair including multiple chairs with worn and chipped arms and legs, all nursing station desks with broken and damaged surfaces, baseboards in multiple areas of the home detaching from the wall, holes in wall in residents' rooms with extensive damage specifically in three resident rooms, rough plaster on walls that are unfinished and unpainted, exposed metal wall edges in residents rooms. (174)
2. The home furnishings are not kept clean and sanitary. Inspectors observed heavily soiled chairs in multiple resident rooms, lounge areas and hallways throughout the home. (189)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2012



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Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is (are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 7th day of October, 2011

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

NICOLE RANGER

Service Area Office /
Bureau régional de services : Toronto Service Area Office