



**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 10, 2013	2013_162109_0017	T2154-12	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 - O'CONNOR GATE
1800 O'Connor Drive, East York, ON, M4A-1W7

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

SUSAN SQUIRES (109)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 27, 28, April 8, 9, 2013

During the course of the inspection, the inspector(s) spoke with Director of Administration, Director of Care, Assistant Director of Care, Manager of Environmental Services, Family members, Residents, Personal Support Workers, Registered Staff members, Physiotherapists, RAI Coordinator, Corporate Management Staff

During the course of the inspection, the inspector(s) Reviewed the health records for residents # 1, 2 and 3. Reviewed the homes falls prevention program and continence care program. Conducted a walk through of the Woodland unit. Observed the care activities on the unit. Checked supplies in the home.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management**

Falls Prevention

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**



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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.)

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.

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. 6. Plan of care

Specifically failed to comply with the following:

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; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



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1. The licensee failed to 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, (b) the resident's care needs change or the care set out in the plan is no longer necessary. Resident # 1 identified at risk for falls suffered 6 falls between November 15, 2012 to January 17, 2013.

Resident # 1 fell on November 15 and was transferred to hospital.

On November 17, 2012 the resident had another fall.

Resident fell again on November 22, 2012 and was hospitalized until November 29, 2012. The resident fell within hours after he/she returned from the hospital on November 29, 2012.

The resident then had yet another fall on November 30, 2012.

The plan of care was not reviewed or revised to ensure that the resident was safe from falls. [s. 6. (10) (b)]

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 resident is reassessed and the plan of care is reviewed and revised if the resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



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1. The licensee failed to ensure that the plan of care is based on an interdisciplinary assessment with respect to the resident's health conditions including risk of falls and other special needs.

Resident # 1 identified to be at risk for falls has had 6 falls between November 15, 2012 to January 17, 2013.

The resident, the family and the staff have identified that resident experienced dizziness on the following dates;

February 13, 2012,

September 9, 2012,

October 14, 2012,

November 15, 2012,

January 17, 2013.

Dizziness has also been identified as a contributing factor in at least 2 of the post fall assessments.

There is no plan of care in place to address the dizziness which places the resident at risk of falls. [s. 26. (3) 10.]

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 plan of care is based on an interdisciplinary assessment with respect to the resident's health conditions including risk of falls and other special needs, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that an annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

There is no annual evaluation of resident's satisfaction with the continence care products. There is no consultation with the substitute decision-makers and direct care staff with the annual evaluation. [s. 51. (1) 5.]

2. The licensee failed to ensure that each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

Resident # 1 became incontinent of bladder functions in November, 2012 and incontinent of bowel functions in December, 2012. There is no assessment which includes causal factors, patterns, type of incontinence and potential to restore function completed for this resident. [s. 51. (2) (a)]

3. The licensee failed to ensure that each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented. Resident # 1 is incontinent of bowel functions. There is no plan of care in place to manage the bowel incontinence. [s. 51. (2) (b)]

4. The licensee failed to ensure that the plan of care for resident # 3 is individualized to promote and manage bowel and bladder continence based on the assessment. Resident # 3 is identified as being incontinent of bowel and bladder functions. The family purchase their own incontinence products for the resident to use. There is no indication on the plan of care what product is being used and the frequency of changing the product. [s. 51. (2) (b)]

5. The licensee failed to ensure that the residents are provided with a range of continence care products that promote resident comfort, ease of use, dignity and good skin integrity.

There are currently 6 residents on the identified unit purchasing their own



incontinence products.

Resident # 2's family member told inspector that he/she has to purchase the pull-up briefs because the home does not supply pull-up briefs and they are easier for the resident to use than the products that are available in the home.

Resident # 1's family stated that they had to purchase pull-up incontinent products because the home does not provide the pull-up product for the resident. [s. 51. (2) (h) (iii)]

6. Resident # 2 is required to purchase his/her own pull-up briefs because the home currently does not supply pull-up briefs. He/she stated that this is a preference for resident # 2 to use because they are easier to use. [s. 51. (2) (h) (iii)]

7. The licensee failed to ensure that resident # 3 has been provided with the continence care product which promotes her comfort, ease of use, dignity and good skin integrity.

The spouse of resident # 3 purchases pull-up briefs for the resident to use daily. The spouse stated that the licensee does not supply the pull-up brief which he/she prefers for the resident because it has a waist band which is more comfortable and the home's product does not have a proper waist band. [s. 51. (2) (h) (iii)]

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 continence care program includes an annual evaluation of resident's satisfaction with the range of continence care products in consultation with the substitute decision-makers and direct care staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

3. Continence care and bowel management. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that all direct care staff are provided training in falls prevention and management.

The licensee has approximately 141 direct care staff from the nursing department. There have been 2 in-services held in the past year related to falls prevention. There were a total of 53 staff in attendance for the 2 in-services that were held. This represents less than 50% of the direct care staff. [s. 221. (1) 1.]

2. The licensee failed to ensure that training is provided related to continence care and bowel management to all staff who provide direct care to the residents.

According to the home, continence training is provided to staff on an annual basis. Out of approximately 141 direct care staff, only 79 have received training in continence care. [s. 221. (1) 3.]

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 direct care staff are provided training in falls prevention and management, and training in continence care and bowel management, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 232. Every licensee of a long-term care home shall ensure that the records of the residents of the home are kept at the home. O. Reg. 79/10, s. 232.



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Findings/Faits saillants :

1. The licensee failed to ensure that the records of the residents of the home are kept at the home.

In approximately November, 2012 the licensee began using a different software system. When the records were transferred from one service provider to the new service provider, some components of the resident files were not transferred over. Some information prior to October, 2012 is not available in the home. All of the progress notes have been saved to external storage devices and were stored in the corporate office off-site from the home. Components of the MDS assessments are not yet transferred over in their entirety and therefore were not available for reference. [s. 232.]

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 records of the residents of the home are kept at the home, to be implemented voluntarily.

Issued on this 10th day of April, 2013

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

A handwritten signature in black ink, appearing to be "J. Spiller", written over a white background within a black-bordered box.