



**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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| Date(s) of inspection/Date(s) de l'inspection                     | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|-----------------------------------|---------------------------------------|
| May 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 23, 24, 28, 29, 30, 2012 | 2012_048175_0010                  | 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 - SCARBOROUGH  
130 MIDLAND AVENUE, SCARBOROUGH, ON, M1N-4B2

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

BRENDA THOMPSON (175), CAROLINE TOMPKINS (166), LYNDA BROWN (111), PATRICIA POWERS (157)

**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 the Administrator, the Director of Care (DOC), two Associate Director of Care (ADOC), Office Manager, two RAI Coordinators, Registered Nurses (RN), Registered Practical Nurses (RPN), and Personal Support Workers (PSW) on 6th, 5th, 4th, 3rd, and 2nd floor, two laundry aides, maintenance staff, Program Manager, Resident Council President, Family Council President, dietary aides on each floor, infection control nurse (ICN), residents and families.

During the course of the inspection, the inspector(s) observed residents and related care practices, observation of resident home areas, dining room service, administration of medications, programs and services, reviewed resident health records, reviewed the licensees policies and procedures, reviewed housekeeping and preventative maintenance checklists and schedules, quality monitoring records, Resident and Family Council meeting minutes, resident admission and charges files, immunization records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process



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Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Quality Improvement

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Trust Accounts

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

|   |  |
|---|--|
| <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> |
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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home  
Specifically failed to comply with the following subsections:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**
  - A. is connected to the resident-staff communication and response system, or**
  - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

**1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).**

**Findings/Faits saillants :**

1. May 9, 2012@ 1030 hours resident accessible doors leading to stairwells were observed unlocked on Nursing Units 6 North and South stairwells, Nursing Unit 5 North and South, Nursing Unit 3 North and South, Main Floor stairwell to Retirement Home.

Interview with Administrator on May 9, 2012 indicated that he was aware that doors leading to stairwells were unlocked and that he had scheduled a contractor to install mag locks to all doors on the 1st, 2nd, 3rd, 5th and 6th floor resident home areas (north and south wings).

May 11, 2012, the Administrator confirmed that mag locks were operational on all doors leading to stairwells. (Confirmed by Inspector observation).

May 15, 2012 @ 12:00 hours resident accessible doors leading to stairwell in the basement, beside the electrical room, and stairwell on the main floor outside of the main Dining room were observed to be unlocked.

May 15, 2012 @ 1:15 hours the Administrator confirmed that the identified doors were unlocked.[Ref.s.9.(1)1.i]

**Additional Required Actions:**

**CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges**  
The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
  - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii. the Minister under section 90 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

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**Findings/Faits saillants :**

1. Review of account summaries for resident #20, #21, #22 indicated charges for cable TV services were introduced Apr.1, 2012 without the residents consent.  
On May 16/12 telephone interviews of resident #20 and resident #22 Powers of Attorney(POA) confirmed charges for cable TV services occurred without their consent.
2. On May 16, 2012 interview indicated the home completed a survey to determine which residents were using cable services. It was indicated that a notice was sent out to families outlining that residents using cable would be charged starting April 1, 2012 and confirmed that no written authorization was received prior to residents being charged.  
A notice was sent to residents/families on March 15, 2012 indicating "that if you are receiving cable services, the monthly charge of \$30.00 was added to your invoice commencing April 1, 2012".

The licensee failed to ensure that residents are not charged for goods and services without the residents consent.  
(s.245.4.)

**Additional Required Actions:**

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

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**



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**Specifically failed to comply with the following subsections:**

**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,**

- (a) the planned care for the resident;**
- (b) the goals the care is intended to achieve; and**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**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).**

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**Findings/Faits saillants :**



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1. On May 16, 2012 resident # 359 was observed seated in a wheelchair, sliding down and forward without foot or head support.

Interview with staff member confirmed that an anti-sliding cushion is to be in place but was not on the residents chair as it was soiled and in the laundry.

Review of the resident #359 health record indicates:

1) Resident is high risk for falls. Sitting and standing balance are poor due to postural stability, difficulty breathing and weakness.

Interventions include:

- maintain proper body alignment
- Staff to apply one way glide sheet on her cushion when resident is transferred to her wheelchair

The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.[s.6 (7)].

2. Resident #411 was observed to have two half side rails in the up position while resident was in bed.

Interview of Registered nursing staff confirmed that resident #411 has two half side rails up when in bed.

Review of resident #411 written plan of care indicates:

- resident totally dependent with 2 person assist and lifted mechanically
- high risk for falls and cannot weight bear
- to use of one half side rail when the resident is in bed.

The licensee failed to ensure that the written plan of care provided clear direction to staff who provide direct care to the resident related to use of side rails.[6 (1)(c)].

3. Review of health record for resident #483 indicated:

- the resident was hospitalized with an infection.
- the resident was hospitalized a second time with an infection.

Interview of Registered nursing staff indicated they were unaware of the residents new diagnoses of specified infections..

The written plan of care indicates:

- no diagnosis related to specified infections.
- no plan of care related to history of infections.

The licensee failed to ensure that the resident's plan of care was reviewed and revised when the residents care needs changed related to identified infections.[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 plan of care provides clear direction to staff and others that provide direct care, to ensure that the care set out in the plan of care is provided to the resident as specified in the plan and to ensure that the resident's plan of care is reviewed and revised when the residents care needs change, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**  
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**

1. On May 18, 2012 @ 11:05 hrs two Government stock medication cabinets located in Basement Level, were observed unlocked and not in use. Verified in the presence of the Director of Care and the Assistant Director of Care.

The licensee failed to ensure that all areas where drugs are stored are kept locked at all times when not in use.[s. 130.1].

**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 areas where drugs are stored shall be kept locked at all times, when not in use, to be implemented voluntarily.*

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 241. Trust accounts**

Specifically failed to comply with the following subsections:

s. 241. (5) Every licensee shall establish a written policy and procedures for the management of resident trust accounts and the petty cash trust money, which must include,  
(a) a system to record the written authorizations required under subsection (8); and  
(b) the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money. O. Reg. 79/10, s. 241 (5).

s. 241. (6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account. O. Reg. 79/10, s. 241 (6).

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**Findings/Faits saillants :**

1. Review of the homes policy related to Trust Accounts(V2-820) does not indicate the hours when the resident can make deposits or withdrawals from the resident's funds in a trust account.
2. Review of the admission agreements did not indicate any policies or procedures related to the management of trust accounts was provided to residents and or persons acting on behalf of a resident who asked for money deposited into a trust account.

Interview confirmed the written policy and procedure related to trust accounts is not provided to residents.[s. 241(5)(b), (6)].

**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 every licensee establish a written policy and procedure for the management of resident trust accounts which must include the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account, to be implemented voluntarily.*

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**WN #6:** 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. Under O.Reg. 79/10, 2007, s. 109(a) Every licensee of a Long Term Care Home shall ensure that the homes written policy under s.29 of the Act, deals with, (a)use of physical devices.

Review of the homes policy "Restraint Physical and PASD" (revised January 2012) indicates:

-two bed rails (full, half or quarter) as a physical restraint.

The policy establishes the following protocols for the use of a physical restraint:

-assessments and alternatives to be evaluated and documented

-physicians authorization for the use of the physical restraint

-resident or Substitute Decision Makers consent

-monitored every hour, released and repositioned every two hours and evaluation of the effectiveness of the restraint is completed and signed every eight hours.

Resident #411 was observed with two half bed rails in place.

Interview of registered nursing staff confirm that two half bed rails are used at all times for this resident and is not considered to be a restraint.

Review of the clinical health record indicates that the home's restraint protocols are not in place.

The licensee failed to ensure the home's Restraint policy is complied with. [s.8.(1)(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 licensee's policies related to physical restraints are complied with, to be implemented voluntarily.*

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**WN #7:** The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs



Specifically failed to comply with the following subsections:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

s. 131. (7) The licensee shall ensure that no resident who is permitted to administer a drug to himself or herself under subsection (5) keeps the drug on his or her person or in his or her room except,  
(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and  
(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber. O. Reg. 79/10, s. 131 (7).

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**Findings/Faits saillants :**

1. On May 17, 2012 @ 13:46 hrs Resident #332 was observed to have medications not secured in a locked container, on the dresser in the room.

Review of health record for resident #332 indicated there was no physician's order for two identified medications, for the resident to self administer the medication or to allow the storage of resident's medication in the room.

**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 no drug is used by a resident in the home unless the drug has been prescribed for the resident, no resident administers a drug to himself or herself unless the drug has been approved by the prescriber, no resident who is permitted to administer a drug to him or herself shall keep the drug on his or her person or in his or her room unless authorized by a physician..., to be implemented voluntarily.*

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**WN #8: 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).

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**Findings/Faits saillants :**

1. Review of the homes quality monitoring program including audits, from January 2012 to May 2012, indicated that audits are completed monthly however the line intended for recording the outcome for monitoring the lounge areas was blank.

Review of Maintenance Repair Book on the 5th floor from January 2012 to May 2012 indicated there were no entries related to identified maintenance issues.

Interview of the Administrator indicated the staff monitor the resident home areas by shift and if there is a concern identified, they document it in the Maintenance Repair Book. When the work is completed, the Maintenance person signs off in the book and dates it. The Administrator confirmed that the quality monitoring of the lounge areas is not being done at this time.

Observations in the home indicated the following:

The tops and sides of the following windows are coated with a black sticky substance: windows at the end of the north wing corridor, in room 322, 406, 411, 414, 421, 4th floor dining rooms.

Two large stains noted on the ceiling tiles in the dining room on the first floor, the Garden Terrace room on the first floor had three stained ceiling tiles.

Small dining room on the fourth floor - ceiling tiles are displaced

Main dining room on the fourth floor - ceiling tiles are visibly stained with what appears to be food.

Fifth floor Tub room #2: observed with scarred paint and rust on the base of the mechanical lift, 3 broken sling hooks noted on the back of the door

Fifth floor resident home area in front of the nursing station - rose vinyl upholstered love seat with chipped corners on the seat cushions and heavily scarred wood arm rests; two navy arm chairs noted to have worn vinyl seat cushions and heavily scarred arm rests.

Second, third, fourth floor common area chair and chairs in identified resident rooms, chairs with wooden arms are heavily scarred with finish worn off

Fourth floor - Handrails between identified rooms - wood finish has worn

Fifth floor - Identified Room- bathroom basin noted to have rusted edges

Second Floor identified tub room - paint peeling off floor at entrance to shower

2. 6th Floor - Identified Tub Room:

- rust on legs and top of sit to stand lift

- paint peeling on elevated ledge of floor into shower stall

- identified room- large area of wall staining over bed 2 - appears that ceiling has leaked but area is not wet at this time.

The licensee failed to ensure that the organized program of maintenance services in the home maintained the interior of the building in good repair. [s.90 (1)(a)].

**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 licensee's organized program of maintenance services in the home ensures the interior of the building is maintained in good repair, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.**

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**Findings/Faits saillants :**



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1. Resident rooms occupied by more than one resident, were observed to not have sufficient privacy curtains to provide privacy leaving gaps in excess of at least 2 feet.
2. Two PSW's were observed transferring resident #359 back to bed with mechanical lift, privacy screens were pulled but did not meet to provide privacy, exposing the resident to view by the room-mate.(#175)
3. The licensee failed to ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.[s.13].

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**WN #10: 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. (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).

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**Findings/Faits saillants :**

1. Interview of the Infection Control Nurse on May 18, 2012 confirmed that immunizations against tetanus and diphtheria are not offered to residents.

The licensee failed to ensure that residents are offered immunization against tetanus and diphtheria.[s.229(10)3].

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**



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Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

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**Findings/Faits saillants :**

1. Interview with Residents' Council confirmed the licensee does not review the meal or snack times with the Residents' Council.[s.73(1)2.]

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**WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**

Specifically failed to comply with the following subsections:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (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) an explanation of the measures to be taken in case of fire;
- (j) an explanation of evacuation procedures;
- (k) copies of the inspection reports from the past two years for the long-term care home;
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
- (p) an explanation of the protections afforded under section 26; and
- (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

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**Findings/Faits saillants :**

1. On May 14, 2012 copies of inspection reports for the last two years were observed to be behind a locked glass cabinet and only the cover page of one report was visible.

The licensee failed to ensure that reports were posted in a conspicuous and easily accessible location.[s.79(3)(k)].

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**WN #13: 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).

s. 85. (4) The licensee shall ensure that,

- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
- (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
- (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
- (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

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**Findings/Faits saillants :**



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 prévue le Loi de 2007 les foyers de soins de longue

- 1. Interview of the Residents' Council confirmed that the Residents Council is not involved in the development or in carrying out the satisfaction survey and was not aware of the results.
2. Interview of the Family Council confirmed that the home does not seek the advice of the Family Council regarding the developing and carrying out and acting on the results of the survey.[s.85(3),(4),(a),(b)].

WN #14: 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.Resident #359's wheelchair was observed to have noticeable lingering, offensive urine odour.

Interview of staff member confirmed "the residents chair smells bad and it was washed Sunday night".

The licensee failed to ensure that procedures are developed and implemented to address incidents of lingering and offensive odours.[s.87(2),(d)].

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

Table with 4 columns: REQUIREMENT/ EXIGENCE, TYPE OF ACTION/ GENRE DE MESURE, INSPECTION # / NO DE L'INSPECTION, INSPECTOR ID #/ NO DE L'INSPECTEUR. Row 1: O.Reg 79/10 r. 9. (1), CO #901, 2012\_048175\_0010, 175

Issued on this 31st day of May, 2012



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

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

*Thompson* *Pat Powers*  
*Brown*  
*[Signature]*



**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**

**Public Copy/Copie du public**

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|--|--|
| <b>Name of Inspector (ID #) /<br/>Nom de l'inspecteur (No) :</b>                         | BRENDA THOMPSON (175), CAROLINE TOMPKINS (166), LYNDA BROWN (111), PATRICIA POWERS (157)                                       |
| <b>Inspection No. /<br/>No de l'inspection :</b>   | 2012_048175_0010   |
| <b>Type of Inspection /<br/>Genre d'inspection:</b>                                      | Resident Quality Inspection  |
| <b>Date of Inspection /<br/>Date de l'inspection :</b>                                   | May 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, 23, 24, 28, 29, 30, 2012  |
| <b>Licensee /<br/>Titulaire de permis :</b>  | 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP<br>302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8 |
| <b>LTC Home /<br/>Foyer de SLD :</b>   | LEISUREWORLD CAREGIVING CENTRE - SCARBOROUGH<br>130 MIDLAND AVENUE, SCARBOROUGH, ON, M1N-4B2                                   |
| <b>Name of Administrator /<br/>Nom de l'administratrice<br/>ou de l'administrateur :</b> | ZAFULAH RAHAMAN  |

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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*

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**Order # /**  
**Ordre no :** 901

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

**Order / Ordre :**

the licensee shall ensure that all doors leading to stairways accessible to residents are kept closed and locked.

**Grounds / Motifs :**

1. May 9, 2012 @ 1030 hours resident accessible doors leading to stairwells were observed unlocked on Nursing Units 6 North and South stairwells, Nursing Unit 5 North and South, Nursing Unit 3 North and South, Main Floor stairwell to Retirement Home.

Interview with Administrator on May 9, 2012 indicated that he was aware that doors leading to stairwells were unlocked and that a contractor was scheduled to install maglocks to all doors on the 1st, 2nd, 3rd, 5th and 6th floor resident home areas (north and south wings).

May 11, 2012, the Administrator confirmed that maglocks were operational on all doors leading to stairwells. (Confirmed by Inspector observation).

May 15, 2012 @ 12:00 hours resident accessible doors leading to stairwell in the basement, beside the electrical room, and stairwell on the main floor outside of the main Dining room were observed to be unlocked.

May 15, 2012 @ 1:15 hours the Administrator confirmed that he was aware that the identified doors were unlocked.  
(Ref. s. 9 1. i). (175)



Ministry of Health and  
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Order(s) of the Inspector  
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Ordre(s) de l'inspecteur  
Aux termes de l'article 153 et/ou  
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de soins de longue durée*, L.O. 2007, chap. 8

This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Immediate

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|                         |     |                                 |                                    |
|-------------------------|-----|---------------------------------|------------------------------------|
| Order # /<br>Ordre no : | 001 | Order Type /<br>Genre d'ordre : | Compliance Orders, s. 153. (1) (a) |
|-------------------------|-----|---------------------------------|------------------------------------|

Pursuant to / Aux termes de :

O.Reg 79/10, s. 245. The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
  - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii. the Minister under section 90 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Order / Ordre :

1. The licensee will not charge residents for cable TV provided without their consent.
2. The licensee must reimburse all charges made to every resident who was charged \$30.00 monthly for cable TV services effective April 1, 2012, without their consent.

Grounds / Motifs :



**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

1. Review of account summaries for resident #20, #21, #22 indicated charges for cable TV services were introduced Apr.1, 2012 without the residents consent.

On May 16/12 telephone interviews of resident #20 and resident #22 Powers of Attorney(POA)On May 16/12 telephone interviews of resident #20 and resident #22 Powers of Attorney(POA) indicated they were paying private cable TV services and confirmed charges for cable TV services in the home occurred without their consent.

On May 16, 2012 interview of office manager indicated the home completed a survey to determine which residents were using cable services. They indicated that a notice was sent out to families indicating that residents using cable would be charged starting April 1, 2012 and confirmed that no consent was obtained prior to residents being charged.

A notice was sent to residents/families on March 15, 2012 indicating "that if you are receiving cable services, the monthly charge of \$30.00 was added to your invoice commencing April 1, 2012". (s.245.4.) (111)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Jul 16, 2012



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*

### REVIEW/APPEAL 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](http://www.hsarb.on.ca).



Ministry of Health and  
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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 :

- les parties de l'ordre qui font l'objet de la demande de réexamen;
- les observations que le titulaire de permis souhaite que le directeur examine;
- 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](http://www.hsarb.on.ca).

Issued on this 30th day of May, 2012

Signature of Inspector /  
Signature de l'inspecteur :

Name of Inspector /  
Nom de l'inspecteur :

BRENDA THOMPSON

Service Area Office /  
Bureau régional de services :

Ottawa Service Area Office