



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

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

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

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

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
---	--

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 7, 11, 13, May 9, 10, 2011	2011_113_2594_07Apr113544 2011_109_2594_09May102545	Complaints – Log T-851 T-831 T-779
Licensee/Titulaire 2063412 Ontario Limited as General Partner of 2063412 Investment LP, 302 Town Centre Blvd., Suite #200, Markham ON, L3R0R8		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld St George, 225 St George Street, Toronto, ON M5R 2M2		
Name of Inspector(s)/Nom de l'inspecteur(s) Jane Carruthers - #113 Susan Squires – #109		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct complaint inspections relating to missing laundry, maintenance, housekeeping, Infection, Prevention and Control and Resident care issues.

During the course of the inspection, the inspectors spoke with: The Administrator, Director of Care, Environmental Service Manager, Infection Prevention and Control Lead, Registered Nursing staff, Personal Support Workers, Laundry staff, the Social Worker, Resident, and Family.

During the course of the inspection, the inspectors: conducted a walk through of Resident areas and laundry service area, reviewed the Infection Prevention and Control Manual, missing clothing policy, and pest control invoices, reviewed the health record, inspected the resident room, reviewed policies and procedures, and reviewed sign-out forms, observed residents, and observed continence supplies.

The following Inspection Protocols were used in part or in whole during this inspection: Accommodation - Housekeeping, Maintenance, and Laundry, Infection Prevention and Control, Safe and Secure, Continence Care and Bowel Management, and Dignity, Choice and Privacy Inspection Protocols.

Findings of Non-Compliance were found during this inspection. The following action was taken:

[3] WN
 [1] VPC
 [1] CO: # 001

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
 VPC – Voluntary Plan of Correction/Plan de redressement volontaire
 DR – Director Referral/Régisseur envoyé
 CO – Compliance Order/Ordres de conformité
 WAO – Work and Activity Order/Ordres: travaux et activités

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

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg 79/10 s. 9.1.i ii iii A. B.

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 must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times,
 - 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.

Findings:

1. All doors leading into stairways on the ground level, first, fourth, and fifth floors are not locked.
2. There are no door access control systems on doors leading into the stairways on ground level, first, fourth and fifth floors.
3. Exterior doors and stairway doors on ground level, first, fourth and fifth floors are not tied into the communication system.
4. Exterior doors and stairway doors on ground level, first, fourth and fifth floors are not connected to an audio visual enunciator that is connected to the nurses' stations nearest the doors.

Inspector ID #: 113

Additional Required Actions:

CO # - [001, 002,003] will be/was served on the licensee. Refer to the "Order(s) of the Inspector" form.

(b) **WN # 2:** The Licensee has failed to comply with O. Reg 79/10 s. 8 (1) (a) (b).

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 all applicable requirements under the Act; and
- (b) is complied with.

Findings:

1. The Home is not following it's own policy (V8 – 300) to have forms for families/residents to fill out at each nursing station when there are lost articles of clothing. Forms are only located at the reception on the main floor.
2. There were 2 missing clothing forms filled out and sent to the Environmental Service Supervisor. When interviewed, the Charge Nurse and staff for both incidents had no knowledge of the missing clothing and did not know if the clothing was ever located. There was no communication among staff regarding these incidents of missing clothing.
3. The "Nursing Staff Action Checklist", that was supposed to be filled out within 48 hours as per the Home's policy, had never been filled out.

Inspector ID #: 113

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 the Home follows it's policy and there is an organized process for locating residents' missing articles of clothing. This plan is to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s. 6 (7)
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings:

1. The care for managing the incontinence for an identified Resident is not provided as specified in the plan of care.
2. The plan of care states that the Resident is unable to toilet without staff assistance. Interventions include
 - o Extensive assistance
 - o Assistance with weight bearing.
 - o Two plus staff to toilet at all times due to inability to stand unassisted and wearing of incontinent products.
3. Interviewed primary PSW caregiver, who stated that the Resident knows when to use the bathroom and goes to the bathroom and self toilets.
4. Interviewed the identified Resident who stated that two staff are not required with toileting activities and the Resident can go to and from the bathroom. Staff only assists with changing the brief.

Inspector ID #: 109

Additional Required Actions:
none

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

**Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.**

Title:

Date:

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

June 7, 2011

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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Jane Carruthers Susan Squires	Inspector ID # 113 109
Log #:	T-851, 831, and 779	
Inspection Report #:	2011_113_2594_07Apr113544	
Type of Inspection:	Complaint	
Date of Inspection:	April 7, 11, 13, May 9, 10, 2011	
Licensee:	2063412 Ontario Limited as General Partner of 2063412 Investment LP, 302 Town Centre Blvd., Suite #200, Markham ON, L3R 0R8	
LTC Home:	Leisureworld St George, 225 St George Street, Toronto, ON M5R 2M2	
Name of Administrator:	Jane Noble	

To 2063412 Ontario Limited as General Partner of 2063412 Investment LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg 79/10 s. 9.1.i.			
Every licensee of a long-term care home shall ensure that the following rules are complied with:			
<ol style="list-style-type: none"> 1. All doors leading to stairways and the outside of the home must be, <ol style="list-style-type: none"> i. kept closed and locked, 			
Order:			
<ol style="list-style-type: none"> 1. The licensee shall audit, identify and ensure all doors leading to stairways and the outside of the home are closed and locked. 			

Grounds:	
1. All doors leading into stairways on the ground level, first, fourth, and fifth floors are not locked.	
This order must be complied with by:	October 1, 2011

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg 79/10 s. 9.1.ii			
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 must be, <ul style="list-style-type: none"> ii. equipped with a door access control system that is kept on at all times, 			
Order:			
1. The licensee shall audit, identify and ensure all doors leading to stairways and the outside of the home are equipped with a door access control system that is kept on at all times.			
Grounds:			
1. There are no door access control systems on doors leading into the stairways on ground level, first, fourth and fifth floors.			
This order must be complied with by:	October 1, 2011		

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg 79/10 s.9.1.iii.AandB			
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 must be, <ul style="list-style-type: none"> iii equipped with an audible door alarm that allows calls to be cancelled only at point of activation, and <ul style="list-style-type: none"> 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.

Order:

1. The licensee shall ensure that all doors have a manual reset switch and are connected to the resident-staff communication and response system and connected to an audio visual enunciator connected at the nearest nurses' station.

Grounds:

1. Exterior doors and stairway doors on ground level, first, fourth and fifth floors are not tied into the communication system.
2. Exterior doors and stairway doors on ground level, first, fourth and fifth floors are not connected to an audio visual enunciator that is connected to the nurses' station nearest the doors.

This order must be complied with by: October 1, 2011

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 service for the Licensee.

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

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 Ministry of Health and Long-Term Care
 55 St. Clair Ave. 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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:



Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
 Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

Health Services Appeal and Review Board and the
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 55 St. Claire 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.

Issued on this 7th day of June, 2011.	
Signature of Inspector:	<i>Jane Carruthers</i>
Name of Inspector:	Jane Carruthers Susan Squires
Service Area Office:	Toronto Service Area