



**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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 4, 2015	2015_260521_0029	011593-15	Complaint

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### **Licensee/Titulaire de permis**

VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR  
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

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### **Long-Term Care Home/Foyer de soins de longue durée**

LEISUREWORLD CAREGIVING CENTRE - OXFORD  
263 WONHAM STREET SOUTH INGERSOLL ON N5C 3P6

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

REBECCA DEWITTE (521)

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## **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): June 02 and 03, 2015.**

**This complaint was regarding resident care and alleged abuse. Inspections completed while in the home were 005938-15, 011593-15 and 005282-15. During the course of the inspection, the inspector conducted a tour of resident areas, observed residents and the care provided to them. Clinical records for identified residents were reviewed. The inspector reviewed records, policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, one Registered Nurse, one Registered Practical Nurse and one Family member.**

**The following Inspection Protocols were used during this inspection:**  
**Falls Prevention**  
**Medication**  
**Prevention of Abuse, Neglect and Retaliation**  
**Safe and Secure Home**  
**Skin and Wound Care**

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

**1 WN(s)**  
**1 VPC(s)**  
**0 CO(s)**  
**0 DR(s)**  
**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**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 O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

1. The licensee failed to ensure that the policy related to the Medication Pass - procedure was complied by;

Record review revealed Resident #05 was identified on to have received another residents medications.

A review of the home policy Medication Pass 04-02-20: Reviewed June 23, 2014 indicated that the nurse was to follow the residents medication administration record and ensure the eight rights of medication administration were verified before the medication was administered.

An interview with the Director of Care confirmed it was the homes expectation that the nurse verify the residents identity prior to administering medication to the resident.

The licensee failed to ensure that the administering medication pass policy was complied with. [s. 8. (1) (b)]

2. Record review revealed Resident #02 sustained an injury and required treatment.

A review of the home policy states 2) Complete all required clinical assessments to ensure all related activities are completed and changes in status are addressed.

Record review revealed Resident #02 was not reassessed by the Dietitian for nutritional interventions. Resident #02 did not receive a pain assessment and the Residents plan of care failed to direct staff.

An interview with the Registered Dietitian revealed the Dietitian did not receive a referral alerting the Dietitian for the need of a reassessment.

An interview with the Charge Nurse confirmed Resident #02 did not receive a pain assessment, Dietitian referral and a revision of the plan of care upon returning to the home.

The Registered Nurse confirmed it was the homes expectation that Residents were reassessed when they return as per Policy. [s. 8. (1) (b)]



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***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 where there is a policy in place that it is to be complied with, to be implemented voluntarily.***

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**Issued on this 4th day of June, 2015**

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

**Original report signed by the inspector.**