



**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

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ème</sup> étage  
London ON N6B 1R8

**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

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
November 25-26, 2010	2010_171_2628_25Nov154459	Complaint L-01661
<b>Licensee/Titulaire</b>		
Vigour Limited Partnership on behalf of Vigour General Partner Inc., 302 Town Centre Blvd, Suite 200, Markham, ON, L3R 0E8		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Leisureworld Caregiving Centre - Oxford, 263 Wonham Street South, Ingersoll, ON, N5C 3P6		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Elisa Wilson, LTC Homes Inspector #171		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection related to meal service.</p> <p>During the course of the inspection, the inspector spoke with: the foodservice manager, recreation manager, administrative assistant, registered staff, personal support workers, dietitian, dietary staff, recreation staff, ward clerk and residents.</p> <p>The inspector observed dinner service on November 25, 2010 and breakfast and lunch service on November 26, 2010. The Dietary Intake policy was requested and reviewed as well as the food and fluid intake records. The plans of care for three residents were reviewed. Ten residents were briefly interviewed.</p> <p>The following Inspection Protocols were used during this inspection: Dining Observation Nutrition and Hydration</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:  6 WN 4 VPC</p>		



**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/Ordre de conformité  
WAO – Work and Activity Order/Ordre: travaux et activités

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

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 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.

**Findings:**

The plan of care for Resident #1 indicates in the "Eating" section that he requires a staff person to assist with eating at all meals and he requires a straw for all beverages with assistance. This resident was not offered a straw at lunch November 26, 2010 and he did not have any personal assistance to eat at breakfast or lunch on November 26, 2010.

**WN #2:** The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(8). The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

**Findings:**

1. The Personal Support Workers (PSWs) provide direct care to the residents. PSW's do not have access to the computerized care plans; however they do have access to the plans of care printed in the resident's charts. The plan of care section regarding "Eating" which describes assistance required in the dining room for Resident #2 was crossed off in the printed version of the resident's record. Therefore the PSW's did not have convenient and immediate access to the updated requirements for eating assistance for this resident.
2. The printed plan of care for Resident #3, which is accessible to all staff, included 9 items when reviewed November 26, 2010. The plan of care in the computer included an additional 12 items. The PSW's did not have access to these 12 items which included "Eating", "Transferring", and "Falls/Balance".

**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 staff providing direct care to the resident have convenient and immediate access to the plan of care, to be implemented voluntarily.



**WN #3:** The Licensee has failed to comply with O.Reg. 79/10, s.24(1). Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home.

**Findings:**

1. There is no documented 24-hour admission care plan for Resident #3.

**WN #4:** The Licensee has failed to comply with O.Reg. 79/10, s.73(1) 8 and 10. 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:

8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

**Findings:**

1. Meals were not always served course by course. At the dinner meal service on November 25, 2010 the desserts were set on the tables while some residents were still eating their entrees.
2. Staff did not always use proper techniques to assist residents with eating and drinking. A staff person stood to assist Resident #4 with eating hot cereal and stood to assist Resident #5 with a beverage at breakfast service on November 26, 2010.

**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 in ensuring course by course service at each meal and to ensure proper techniques are used to assist residents at mealtime, to be implemented voluntarily.

**WN #5:** The Licensee has failed to comply with O. Reg. 79/10, s.73(2)(a). The licensee shall ensure that, (a) no person simultaneously assists more than two residents who need total assistance with eating or drinking;

**Findings:**

1. At breakfast meal service on November 26, 2010 one staff person was assisting three residents who required total assistance.

**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 no person simultaneously assists more than two residents who need total assistance with eating or drinking, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg. 79/10, s.8(1)(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, (b) is complied with.

Findings:
1. The Home has a policy "Dietary Intake" (#V9-040) that includes in point #2 in the Procedure section that the PSW will record the amount of food and fluid taken after each meal, nourishment pass and supplement pass for each resident in the Home. There was missing documentation in the Nutrition/Hydration Intake Records for the following residents during the first 25 days of November:
Resident #7: 10 meals missing
Resident #8: 9 meals missing
Resident #9: 23 meals missing
Resident #10: 13 meals missing
Resident #11: 16 meals missing
Resident #12: 21 meals missing
Resident #13: 16 meals missing

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 policy on Dietary Intake is complied with, to be implemented voluntarily.

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.
Erika Wilson

Title: Date:

Date of Report: (if different from date(s) of inspection).
Nov. 29, 2010