



**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

London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685

Bureau régional de services de London  
291, rue King, 4<sup>th</sup> étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685

**Public Copy/Copie du public**

Date(s) of inspection/ Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 10, 11, 12, 16, 2012	2012_024137_0036	Complaint

**Licensee/Titulaire de permis**

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

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

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

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

MARIAN MACDONALD (137)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with Director of Care, three Registered Practical Nurses and two Personal Support Workers.

During the course of the inspection, the inspector(s) toured Resident Home Areas, reviewed relevant clinical records, internal incident reports and Fall Prevention Program.

L-000875-12

The following Inspection Protocols were used during this inspection:

Falls Prevention

Pain

Findings of Non-Compliance were found during this inspection.

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



**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**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 49. Falls prevention and management**

Specifically failed to comply with the following subsections:

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

An identified resident sustained three falls and there was no documented evidence that post-fall assessments were completed.

[O. Reg. 79/10, s.49(2)]

**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 a post-fall assessment is completed for residents who sustain a fall, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

Specifically failed to comply with the following subsections:

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**

An identified resident sustained three falls and one resulted in an injury. The resident complained of pain on two occasions but there was no documented evidence that a pain assessment was completed.

[O. Reg. 79/10, s.52(2)]



**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**

***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 pain assessments are completed on residents who express/experience pain, to be implemented voluntarily.**

Issued on this 16th day of July, 2012

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

A handwritten signature in black ink that reads "Marian L. MacDonald". The signature is written in a cursive style with a clear, legible script.