



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 sous la Loi de 2007 sur les foyers de soins de longue durée

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
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Bureau régional de services de London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
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**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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 4, 2013	2013_185112_0011	L-000063-13	Follow up

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

CAROLE ALEXANDER (112)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 26, 2013

During the course of the inspection, the inspector(s) spoke with A Registered Practical Nurse, 4 Personal Support Workers, the Ward Clerk, the Scheduling Coordinator, 5 Residents and 3 Family Members.

During the course of the inspection, the inspector(s) reviewed the home's staffing schedule, monitored resident call bell response times and observed residents

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation



Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



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1. The staffing schedule confirmed that the Licensee did not have a Registered Nurse on duty in the home on the following days:

November 10, 11, 18 (2012) and January 10, 26, 27 (2013) for the 0700 to 1500 day shifts

Nov 10, 11, 17, 18 (2012) for the 1500 to 2300 evening shift [LTCHA 2007, c. 8, s. 8 (3)]

The information was confirmed with the Scheduling Coordinator. [s. 8. (3)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :



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soins de longue durée

1. The Licensee had not ensured the staffing plan provided for a staffing mix that is consistent with residents' assessed care and safety needs and in promoting continuity of care. The Licensee did not replace the following Personal Support Worker shifts: Nov 23, 24, Dec 24, 25 and 30, 2012

In a random 2 week period (Jan 17 - 30, 2013) the staffing schedule shows a minimum of 30 scheduled Personal Support Worker shifts as needing to be filled. The Scheduling Coordinator and Ward Clerk confirmed that there are approximately 10 staff who can be called to fill the shifts (not already scheduled)

In the same 2 week period, 17 Registered staff shifts were filled/scheduled utilizing Agency staff

Individual interviews with 6 staff and 3 family members confirmed that due to staffing shortages the following occur:

-Call bells response times can vary from 20 minutes to 45 minutes.

-Bathing is canceled at a minimum every other week and rescheduling does not always occur.

-Bathing preferences such as time of day are not possible and gets missed

-Individual resident toileting is not followed

-Resident and family interviews confirmed that resident care is not always in keeping with individual needs specifically one resident's positioning related to pain and other residents' dignity related to using brief because either toileting was missed and/or call bell response time was "too slow" and toileting does not occur.

-Resident, family interview and staff interviews confirmed that due to the "high utilization" of agency staff (Registered Staff), the supervision of Personal Support Workers is compromised. Agency staff are not as familiar with residents and their care needs.

-Resident and staff interviews confirmed that 2 individual Personal Support Worker staff do not take the required time to provide care, specifically for residents with cognitive impairment

[OReg. 79/10 r. 31. (3)] [s. 31. (3)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 4th day of February, 2013

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

A handwritten signature in black ink, appearing to be the initials "RMY", written in a cursive style.



**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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROLE ALEXANDER (112)

Inspection No. /

No de l'inspection : 2013_185112_0011

Log No. /

Registre no: L-000063-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 4, 2013

Licensee /

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

LTC Home /

Foyer de SLD : LEISUREWORLD CAREGIVING CENTRE - OXFORD
263 WONHAM STREET SOUTH, INGERSOLL, ON,
N5C-3P6

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** SUZANNE MEZENBERG



**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

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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

To VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR, 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

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Ordre(s) de l'inspecteur
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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The Licensee shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Grounds / Motifs :

1. The staffing schedule confirmed that the Licensee did not have a Registered Nurse on duty in the home on the following days:
November 10, 11, 18 (2012) and January 10, 26, 27 (2013) for the 0700 to 1500 hr day shifts and
November 10, 11, 17, 18 (2012) for the 1500 to 2300 hr evening shift and
January 26, (2013) for the 0700 - 1500 hr day shift
The information was confirmed by the Staffing Scheduling Coordinator (112)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 05, 2013



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Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
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Order # /	Order Type /
Ordre no : 002	Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The Licensee will prepare, submit and implement a plan for achieving compliance with ensuring nursing services meet the assessed needs of the residents. The plan must include:
1) an immediate evaluation of staffing level requirements for ensuring resident care provisions
2) identify strategies to be utilized in effecting adequate staffing levels and back up plan ensuring continuity of care
3) identify a timeline for re-evaluating the staffing plan with input from residents, families and front line staff.

The Licensee shall prepare and submit a written plan of correction to Carole Alexander at "carole.alexander@ontario.ca" by February 28, 2013.

Grounds / Motifs :



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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. The Licensee did not replace the following Personal Support Worker shifts:
Nov 23, 24, Dec 24, 25 and 30, 2012

In a random 2 week period (Jan 17 - 30, 2013) the staffing schedule shows a minimum of 30 scheduled Personal Support Worker shifts as needing to be filled. The Scheduling Coordinator and Ward Clerk confirmed that there are approx 10 staff who can be called to fill the shifts (not already scheduled) In the same 2 week period, 17 Registered staff shifts were filled/scheduled utilizing Agency staff

Individual interviews with 6 staff and 3 family members confirmed that due to staffing shortages the following occur:

- Call bells response times can vary from 20 minutes to 45 minutes.
- Bathing is canceled at a minimum every other week and rescheduling does not always occur.
- Bathing preferences such as time of day are not possible and gets missed
- Individual resident toileting is not followed
- Resident and family interviews confirmed that resident care is not always in keeping with individual needs specifically one resident's positioning related to pain and other residents' dignity related to using brief because either toileting was missed and/or call bell response time was "too slow" and toileting does not occur.
- Resident, family interview and staff interviews confirmed that due to the "high utilization" of agency staff (Registered Staff), the supervision of Personal Support Workers is compromised. Agency staff are not as familiar with residents and their care needs.
- Resident and staff interviews confirmed that 2 individual Personal Support Worker staff do not take the required time to provide care, specifically for residents with cognitive impairment (112)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 05, 2013



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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
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



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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 :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) 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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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.



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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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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.

Issued on this 4th day of February, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

Name of Inspector /

Nom de l'inspecteur : CAROLE ALEXANDER

Service Area Office /

Bureau régional de services : London Service Area Office