



**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**

<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>
Dec 12, 2013	2013_303563_0010	L-000020-13	Critical Incident System

**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**

**MELANIE NORTHEY (563)**

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

**The purpose of this inspection was to conduct a Critical Incident System  
inspection.**

**This inspection was conducted on the following date(s): December 11, 2013**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator, a Registered Nurse, the Resident, and a Personal Support  
Worker.**

**During the course of the inspection, the inspector(s) made observations,  
reviewed health records, policies and other relevant documentation.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management**



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**Findings of Non-Compliance were found during this inspection.**

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

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.



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care  
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

**8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**

1. The licensee of a long-term care home failed to ensure that the requirements of this section are met with respect to every plan of care; a plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: continence, including bladder and bowel elimination. r. 26. (3) 8.

a) The registered nurse (RN) confirmed there has not been a continence assessment completed for the resident in PointClickCare (PCC) or in the resident's hard chart in paper form. The RN stated there should be one completed annually or if there is a change in bladder function.

b) The RN confirmed that the resident should have received a continence assessment since return from hospital since the resident's urinary status had changed.

c) Management confirmed a Comprehensive Continence Assessment should have been completed upon admission from hospital within 1- 7 days as instructed on the Registered Staff Admission Checklist. [s. 26. (3) 8.]

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**Issued on this 12th day of December, 2013**

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

*Melanie Northey*