



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévues 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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection May 30 & 31, 2011	Inspection No/ d'inspection 2011_031194_0002	Type of Inspection/Genre d'inspection Complaint (Log #O-001198)
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Licensee/Titulaire
Vigour Limited Partnership on Behalf of Vigour
302 Town Center Blvd, Suite # 200,
Markham, Ontario,
L3R 0E8

Long-Term Care Home/Foyer de soins de longue durée
Leisureworld Caregiving Center – Rockcliffe
3015 Lawrence Avenue, East
Scarborough, Ontario
M1P 2V7

Name of Inspector(s)/Nom de l'inspecteur(s)
Chantal Lafreniere (# 194)
Lynda Brown (# 111)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an inspection related to a complaint .

During the course of the inspection, the inspectors spoke with the Administrator, Director of Care, Assistant Director of Care

During the course of the inspection, the inspectors reviewed the resident's health care records

The following Inspection Protocols were used during this inspection: Critical Incident Response and Pain

Findings of Non-Compliance were found during this inspection. The following action was taken:

4 - WN

#1: The Licensee has failed to comply with the Long-Term Care Home's Compliance Program criterion, A1.11 Resident's rights which shall be fully respected and promoted include, but are not limited to the following rights contained in the Long Term Care Statute Law Amendment Act, 1993(Bill 101):
(11) Every resident has the right to designate a person to receive information concerning any transfer or emergency hospitalization of the resident and where a person is so designated to have that person so informed forthwith.

Findings/Faits Salliants:

1. Review of an identified resident's Health care record indicates that on four separate dates, a change in condition was noted and Power of Attorney, as indicated in the care plan was not notified.

Inspector ID #:

#194 + #111

WN #2: The Licensee has failed to comply with the Long-Term Care Home's Compliance Program criterion, B1.6 Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs, or abilities.

Findings/Faits Salliants:

1. Review of an identified resident's Health care record indicates that on 3 separate instances a change in condition was noted but no reassessment was documented.

Inspector ID #:

#194 + #111

WN #3: The Licensee has failed to comply with the Long-Term Care Home's Compliance Program criterion, B5.2 The care and services provided to each resident shall be documented in the resident's record according to facility policies and procedures.

Findings/Faits Salliants:

1. Review of an identified resident's health care records, indicates that the home failed to document the resident's care needs as per the home's policy.

Inspector ID #:

#194 + #111

WN #4: The Licensee has failed to comply with the Long-Term Care Home's Compliance Program criterion, M3.7 Unusual occurrences shall be reported according to Ministry policy.

Findings/Faits Salliants.:

A Critical Incident report was not filed to the Ministry of Health and Long Term Care as per Ministry Policy.



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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.	
<i>C. Lapreunie (#194)</i>			
<i>S. Brown (#111)</i>			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	