Ontario

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 9, 2014	2014_382596_0006	T-822-13/T-820-13	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 - ALTAMONT
92 ISLAND ROAD, SCARBOROUGH, ON, M1C-2P5

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

THERESA BERDOE-YOUNG (596)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 2014 and September 2, 3,4, 2014.

The inspection occurred concurrently with the Resident Quality Inspection (RQI) #2014_370162_0007. Findings from this inspection related to O. Reg.79/10, s.221 have been included in RQI #2014_370162_0007.

During the course of the inspection, the inspector(s) spoke with the associate director of care, director of care, environmental services manager, registered staff, personal support workers, MDS Rai coordinator, family member and residents.

During the course of the inspection, the inspector(s) conducted observation in the home and resident areas, in care delivery processes, reviewed the home's records, policies and procedures, and residents' health records.

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee has failed to ensure that staff used safe positioning techniques when assisting residents.
Record review of resident #1's progress notes and post fall huddle documentation confirm that an identified staff performed care to resident#1 without assistance from a second staff, which resulted in the resident falling off the bed and onto the floor on March 19, 2013, sustaining left shoulder injuries. Review of MDS assessment dated March 18, 2013 confirmed that resident #1 is totally dependent and requires two staff assistance for bed mobility and transfers.
Interview with the ADOC and two identified staff members revealed that on March 19, 2013, an identified PSW was providing care to resident #1 in bed without the assistance of a second staff member, when the resident fell off the bed onto the floor. The two identified staff confirmed that resident #1 requires two staff for care including bed mobility and transfers [s. 36.]

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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges
The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:
1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act. O. Reg. 79/10, s. 245.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario. O. Reg. 79/10, s. 245.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network. O. Reg. 79/10, s. 245.
4. Charges for goods and services provided without the resident's consent. O. Reg. 79/10, s. 245.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home. O. Reg. 79/10, s. 245.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program. O. Reg. 79/10, s. 245.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account. O. Reg. 79/10, s. 245.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Findings/Faits saillants :

1. The licensee has failed to ensure that residents are not charged for goods that a licensee is required to provide to them using funding that the licensee receives from the Minister under section 90 of the Act.
Review of the home's resident profile worksheet for continence products indicated that resident #4 uses pull ups to promote continence. Interview with resident #4 revealed that a family member purchases the pull ups.
Interview with resident #4 's family member confirmed that pull ups are purchased for the resident, as resident #4 is still somewhat independent with toileting. Resident #4's family member reported that the home was asked to provide them, but was told the home doesn't provide pull ups. Interview with ADOC and lead of the continence program for the home revealed that resident #4 requires pull ups as well as five other residents, but the home does not provide them; they are purchased by the families of the residents if needed. [s. 245. 1. ii.]

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 residents are not charged for goods that a licensee is required to provide to them using funding that the licensee receives from the Minister under section 90 of the Act, specifically pull ups/continence products, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents are provided with a range of continence care products that promote continued independence wherever possible.
Interview with the ADOC and review of the home's resident profile worksheet for continence products indicated that resident #4 uses pull ups to promote continence.
Interview with resident #4 revealed that the resident's family member buys the pull ups.
Interview with resident #4's family member confirmed that pull ups are purchased for the resident, as resident #4 is still somewhat independent with toileting. Resident #4's family member reported that the home was asked to provide pull ups for the resident, but was told the home doesn't provide them. The ADOC also revealed that five other residents use pull ups, but the home does not provide the pull ups; they are purchased by the families of the residents if needed. [s. 51. (2) (h) (iv)]

Issued on this 3rd day of October, 2014

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