



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11ième étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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
Aug 26, 2016	2016_467591_0004	006128-14/001838-15	Complaint

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - MISSISSAUGA
2250 HURONTARIO STREET MISSISSAUGA ON L5B 1M8

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

NATASHA JONES (591)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): March 23 and 30, 2016.

The following complaints were completed simultaneously during this inspection:

-log #001838-15 related to the provision of care and housekeeping

-log #006128-14 related to the provision of care

During the course of the inspection, the inspector reviewed resident health records, investigative notes, complaint logs and files, staff files, staff education records, programme evaluations, policies and procedures; and observed residents and provision of care.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Director of Environmental Services, Registered Nursing Staff, Housekeeping staff, Personal Support Workers(PSWs), and residents.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Continence Care and Bowel Management

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

A review of policy #VI-G-10.00, titled "Complaints - Response", revised January 2015, indicated "Verbal complaints: conduct and document an internal investigation; ensure departmental managers report and follow up on verbal complaints from any source within their departments and complete a complaint record within 24 hours".

In an interview, the complainant revealed they had raised concerns related to the care of resident #001 in an identified time period in 2014. They stated they informed staff the resident should be wearing identified assistive devices related to their identified medical condition to improve their quality of life, and raised concerns related to an identified injury to an identified area of the resident's body . The complainant confirmed they were not the resident's power of attorney (POA), and the resident's spouse, who had POA did not



wish for the resident to wear the identified assistive devices.

In an interview with registered staff #100, they confirmed the complaint related to the resident's identified assistive devices from a family member, but stated that resident #001's POA, their spouse, did not bring the identified devices for the resident and did not want them to be used related to discomfort. The staff stated the identified injury was assessed and treated as per the physician's orders. The staff member was able to produce documentation to confirm this finding. They stated the resident was prone to altered skin integrity, and had behaviours which may have contributed to the injury.

Registered staff #100 confirmed that a complaint form should have been completed for the verbal complaint by the staff member who received the complaint and could not locate any documentation in the resident's health record to confirm the complaint had been documented.

In interviews, the Director of Care (DOC) stated the former DOC, in 2014, followed a complaint process whereby all written complaints were documented on a complaint form as per the home's complaint policy. They stated that verbal complaints however, were not documented on the complaint form and instruction to do so was not included in the policy at that time. The DOC was unable to produce a written record of the above complaint, and confirmed the complaint policy had been revised in 2015 to include the handling of both written and verbal complaints as per legislation.

The DOC confirmed the complaint should have been documented. [s. 101. (2)]

Issued on this 19th day of September, 2016

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



**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**

Original report signed by the inspector.