



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

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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

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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
Mar 14, 2013	2013_190159_0010	H-001440-12	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 - MISSISSAUGA
2250 HURONTARIO STREET, MISSISSAUGA, ON, L5B-1M8

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 11, 12, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care, Registered Nurses(RN), Registered Practical Nurses(RPN), Food Service Manager, Personal Support Workers and residents.

During the course of the inspection, the inspector(s) Observed noon meal service on fourth floor dining room, reviewed residents' health records, policy and procedures.

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

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The plan of care for Resident # 6 did not set out clear directions to staff and others who provide direct care to the resident in relation to bowel and bladder incontinence. The plan of care did not address resident's voiding/elimination patterns, changing routines, interventions and continence care requirements. The plan of care under toileting indicates the need for Personal Support Worker assistance i.e. transfers onto and off to toilet, but does not include a routine toileting schedule. Resident Assessment Protocol assessment completed December 2012 had identified that resident is incontinent both bladder and bowels, however, the plan of care specified resident needs assistance with transferring onto and off to toilet. The plan of care for resident #6 did not set out clear directions to staff and others who provide direct care to the resident in relation to bowel and bladder program. [s. 6. (1) (c)]

2. The plan of care for resident #1 specified that Personal Support Worker (PSW) to check every 2 hours, change as needed and provide peri- care, however, observations and interviewed staff confirmed this was not done. Resident # 1 was observed in wheel chair outside the dining room on two occasions between 0945 and 1145 hours was not checked and changed as required. [s. 6. (7)]

3. The plan of care for resident #4 identified that Personal Support Worker (PSW) to check every 2 hours, change as needed and provide peri- care, however, observations on March 12, 2013 and interviewed staff confirmed this was not done. Resident # 4 was observed in bed in room on two occasions, and confirmed resident was not checked for change needed. [s. 6. (7)]

4. The plan of care for resident # 1 required to provide and serve modified therapeutic diet, pureed texture with thickened fluids. It was observed by the inspector during the lunch meal that resident was provided with regular tea that was found to be not thickened. When brought to the personal support workers' attention, the staff person was not aware of the consistency of thickened fluids resident required. The inspector prevented the regular consistency tea being fed to the resident. The personal support worker, registered nurse and the assistant director of care confirmed that directions for preparing thickened fluids were not available to staff, and that staff needed education. The plan of care for resident #1 identified that resident dislike honey thick water, staff to provide 125 ml thick juice in addition to standard milk portions. Resident was served thickened water for lunch meal and did not receive additional 125ml.thickened juice. The care set out in the plan of care was not provided, as specified in the plan. [s. 6. (7)]



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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 the plan of care for resident set out clear directions to staff and others who provide direct care to the resident, and that care set out in the plan of care is provided to the residents, as specified in the plan., to be implemented voluntarily.

WN #2: 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, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee did not ensure that resident # 6 who required continence care product was provided sufficient changes to remain clean and comfortable. On a specified date March 2013 the inspector noted resident # 6 lying in bed in night clothes, incontinent, not having been changed and cleaned. The resident was noted to have strong urine odours during observation. The inspector brought this to the attention of the Registered Nurse, who later entered the room and witnessed that the resident had not been changed and cleaned. Resident Assessment Protocol assessment completed December 2012 had identified that resident is incontinent bladder and bowels, peri area and skin prone to irritation and infection. On a specified date March 2013 resident # 6 was not provided sufficient changes to remain clean, dry and comfortable. [s. 51.(2)(g)]



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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 those residents who require continence product have sufficient change to remain clean, dry and comfortable., to be implemented voluntarily.

Issued on this 2nd day of April, 2013

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

IRL Selgal