



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

**Rapport d'inspection
prévue 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

Hamilton Service Area Office
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Hamilton ON L8P 4Y7

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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection November 10, 2010	Inspection No/ d'inspection 2010_141_2648_08Nov161741	Type of Inspection/Genre d'inspection Complaint H-01655
Licensee/Titulaire Vigour Ltd. Partnership on behalf of Vigour General Partner Inc. 302 Towne Centre Blvd., Suite 200, Markham, On. L3R 0E8		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre – Streetsville, 1742 Bristol Road West, Mississauga, On. L5M 1X9		
Name of Inspector(s)/Nom de l'inspecteur(s) Sharlee McNally Compliance Inspector – Nursing, #141		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection submitted to the Hamilton Service Area Office through the info-line on September 26, 2010.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Assistant Director of Care and registered nursing staff</p> <p>During the course of the inspection, the inspector reviewed: the resident's records</p> <p>The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect Nutrition and Hydration Skin and Wound Care Pain</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN</p>		

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the *LTC Homes Act, 2007*, S.O 2007, c. 8, s.6(1)(c)

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, (c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. An identified resident did not have a written plan of care in place for current skin breakdown to provide clear direction to staff.

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WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.69.1

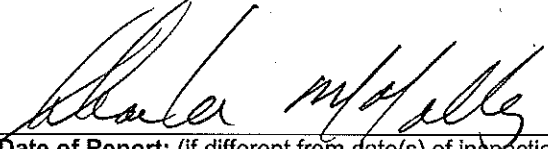
s.69.1: Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated: A change of 5 per cent of body weight, or more, over one month.

Findings:

1. An identified resident's did not have an assessment of weight changes completed by the dietician in an appropriate time to assess the changes and develop actions as required.

Inspector ID #: #141



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. 
Title:	Date of Report: (if different from date(s) of inspection). 