



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

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

Toronto Service Area Office
5700 Yonge Street, 5th Floor
TORONTO, ON, M2M-4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge, 5e étage
TORONTO, ON, M2M-4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

**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 25, 2014	2014_299559_0006	T-179-14	Complaint

Licensee/Titulaire de permis

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP
302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - BARRIE
130 OWEN STREET, BARRIE, ON, L4M-3H7

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

ANN HENDERSON (559), LAURA BROWN-HUESKEN (503)

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): March 12,13, 2014.

During the course of the inspection, the inspector(s) spoke with executive director, director of care (DOC), director of resident programs, director of dietary services, environmental supervisor, registered staff, personal support workers (PSW), activation aide and residents.

During the course of the inspection, the inspector(s) reviewed clinical records, activation calendars, relevant policies and procedures and residents' council minutes and observed lunch meal service.

The following Inspection Protocols were used during this inspection:



Contenance Care and Bowel Management
Dining Observation
Recreation and Social Activities

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and its French equivalent under the LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 51. Contenance 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, (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).



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Findings/Faits saillants :

1. The licensee failed to ensure that there is a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

A continence assessment V5 form, indicates that a resident requires an identified number of products in a 24h period. The most recent minimum data set assessment identified that there had been no change to the resident's continence status. The resident's profile list reveals that the resident is to receive an identified number of products in a 24h period. Staff interviews revealed the resident require more product to support his/her continence. The DOC revealed that the home does not have mesh pants available for residents to use with the day plus liners.

A staff interview revealed that on March 10, 2014, the home was short 15 medium-regular briefs for care rounds on evenings and nights and incorrect continence products were applied to residents. A staff member revealed that the home runs out of products twice weekly and staff are unable to access supplies. The DOC confirmed that the continence products are locked up and the registered staff do not have a key. [s. 51. (2) (f)]

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 there is a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



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1. The licensee failed to ensure that the home is a safe and secure environment for its residents.

An observation of the lunch meal service on March 12, 2014, identified two residents were unable to safely remove themselves from their table. A resident confirmed that he/she is unable to leave the table without the movement of co-residents due to increased congestion in the dining room in cases of emergency. [s. 5.]

**WN #3: 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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :



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1. The licensee failed to ensure the plan of care set out clear directions to staff and others who provide direct care to the resident.

A continence assessment V5 form indicates a resident requires an identified number of products in a 24 hour period. The resident's written plan of care identified the resident is to receive a different number of products in a 24 hour period. The DOC confirmed that the assessment and the written plan of care provided contradictory directions to the direct care staff. [s. 6. (1) (c)]

2. The licensee failed to ensure the staff and others involved in the different aspects of care of the resident collaborate with each other in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

A continence assessment V5 form, indicates a resident requires an identified number of products in a 24 hour period. The written plan of care identified the resident required a different number of products in a 24 hour period. Staff interviews revealed the resident requires more product to support his/her continence. The DOC confirmed that the direct care staff were not consulted in the assessment or in the development of the written plan of care. [s. 6. (4) (b)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program



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Specifically failed to comply with the following:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,

(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).

(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).

(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that there was assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently.

An activation aide and a PSW revealed that on January 4, 12 and 18, 2014, there was a movie afternoon activity planned on both floors which was to occur in the lounge areas. The director of resident programs confirmed that assistance and support to permit residents to participate in this activity when they are not able to do so independently did not occur on the above mentioned dates. [s. 65. (2) (f)]



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Issued on this 25th day of March, 2014

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

Ane Hendrsson / Laura Brown-Hueston