



**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**

**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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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 30, 2015	2015_266527_0002	001780-14	Complaint

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### **Licensee/Titulaire de permis**

2063415 ONTARIO LIMITED AS GENERAL PARTNER OF 2063415 INVESTMENT LP  
302 Town Centre Blvd. Suite #200 MARKHAM ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - BRAMPTON MEADOWS  
215 Sunny Meadow Blvd. BRAMPTON ON L6R 3B5

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

KATHLEEN MILLAR (527)

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## 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): January 26, 27 and 28, 2015.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of care (DOC), the Associate Directors of Care (ADOC), the Nursing Rehabilitation Lead, the Contenance Care Program Lead, the Wound Care Program Lead, the Registered staff, the Physiotherapist, the Personal Support Workers (PSWs), the dietary aide and housekeeping staff.**

**The following Inspection Protocols were used during this inspection:**

**Contenance Care and Bowel Management**

**Dignity, Choice and Privacy**

**Personal Support Services**

**Reporting and Complaints**

**Skin and Wound Care**

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

**3 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

Resident #001 was not reassessed for continence when the resident had a change in condition. The last continence assessment completed for the resident was in May 2014. The resident had previous hospitalizations and the resident's condition had changed which impacted his continence abilities. The registered staff did not complete a continence reassessment when the resident's condition had changed. This was confirmed by a review of the resident's clinical record, interviews with the registered staff, ADOC and DOC, and a review of the home's policy and procedures for continence. [s. 6. (10) (b)]

***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 all residents are being reassessed and the plan of care reviewed and revised when the resident's care needs change as a result of the resident's change in condition, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
- (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #001 had altered skin integrity. The wound nurse was performing ulcer assessments weekly; however there was no weekly skin assessments on other areas where the resident had altered skin integrity. The resident returned from the hospital and had a re-admission skin assessment completed, and when the resident had a fall a post-fall skin assessment was completed. Prior to these skin assessments being conducted, there was no weekly skin assessment since September 2014. Out of the fifty two weeks in 2014, the resident only had eleven weekly skin assessments. This was confirmed by the clinical record review, a review of the home's policy and procedures, and in interviews with the registered staff, the ADOC and the DOC. [s. 50. (2) (b) (iv)]



***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 all residents are receiving weekly skin assessments when clinically indicated, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

In January 2015 the PSWs were observed by the LTC Inspector entering and exiting the resident care environment without performing hand hygiene. The home was in a facility-wide respiratory outbreak. The home's policy and hand hygiene program confirmed all staff were expected to perform hand hygiene. The PSWs, registered staff, the ADOC and DOC confirmed staff were expected to perform hand hygiene. [s. 229. (4)]



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**Issued on this 30th day of January, 2015**

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

**Original report signed by the inspector.**