



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 15, 17, 22, Mar 6, Apr 10, 2012	2012_026147_0006	Critical Incident

**Licensee/Titulaire de permis**

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

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

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

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

LALEH NEWELL (147)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Administrator and Director of Nursing(DON)in relation to H-000166-12.

During the course of the inspection, the inspector(s) reviewed resident's medical records and policy and procedure related to Management of Clostridium Difficile (C. Difficile), Fluid Intake and Output and Continence Bowel Care.

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

Findings of Non-Compliance were found during this inspection.

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



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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. 8. Policies, etc., to be followed, and records**  
**Specifically failed to comply with the following subsections:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The home failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

a. An identified resident was admitted to the hospital in 2012 after having several loose bowel movements. The home's policy and procedure V3-240 states the staff are to document the bowel pattern on each shift, initiate the appropriate intervention in a timely manner, notify the physician of changes in the resident's bowel elimination pattern and update the resident's care plan. The resident started exhibiting loose bowel movements a change in the resident's elimination pattern. The staff did not notify the physician and did not update the resident's care plan related to the changes in the resident's bowel elimination pattern.

b. The home failed to comply with the home's Medical Directive. The resident started to exhibit loose bowel movements in 2012, a change in the resident's elimination pattern. The Medical Directive signed by the physician requests the resident be given medication as needed four times a day for loose bowel movements if no fever, abdominal pain, emesis or blood in stool. Progress notes show evidence that staff initiated and continued the administration of the medication while an identified resident continued to have a fever and did not further assess for abdominal pain.

c. The home failed to comply with policy and procedure V3-630 which states the registered staff are to start a strict fluid in/out sheet to monitor any possible negative hydration/dehydration of the resident associated with fluid imbalance leading to dehydration such as diarrhea and document in the progress notes. The staff did not start a strict fluid in/out sheet in 2012 when an identified resident starting exhibiting loose bowel movements and had decreased fluid intake.



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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 ensuring that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.*

Issued on this 10th day of April, 2012

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