



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 prévue 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 performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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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
Apr 18, 28, 29, 2011	2011_027192_0007	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 - BRANTFORD
389 WEST STREET, BRANTFORD, ON, N3R-3V9

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

DEBORA SAVILLE (192)

Inspection Summary/Résumé de l'inspection

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

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

During the course of the inspection, the inspector(s) reviewed medical records and policy and procedure.

The following Inspection Protocols were used in part or in whole during this inspection:

Nutrition and Hydration

Pain

Personal Support Services

Residents' Council

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



<p>Definitions</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Définitions</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 O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits sayants :

1. A specified resident does not consistently receive showers twice weekly. The Personal Support Worker (PSW) Documentation Record for February 2011 indicates the specified resident is not bathed by the method of their choosing twice weekly. The plan of care for the specified resident does not indicate the frequency of bathing or the days the resident is to be showered.
2. A specified resident does not consistently receive a bath twice weekly. The PSW Documentation Record indicates the resident was bathed only once during the specified time in 2011. The plan of care indicates the resident is to be bathed twice weekly on Monday and Friday.
3. A specified resident was not bathed twice weekly between January 1 and April 17, 2011. The PSW Documentation Record indicates the resident was bathed weekly during the specified period. The plan of care for the resident does not identify frequency of bathing.
4. A specified resident did not consistently receive a bath twice weekly between January 1, 2011 and April 17, 2011. The PSW Documentation Record indicates the resident was bathed only once weekly during the specified period. The plan of care indicates the resident's preference is a shower; the frequency of bathing is not included in the plan of care.
5. A specified resident was not bathed twice weekly between February 1 and April 17, 2011. Review of the PSW Documentation Record indicates the resident was bathed weekly during the specified period. The plan of care for the resident indicate bathing once per week for this resident. Interview with the president of Resident's Council confirmed that some residents do not receive their baths regularly. Interview with the Director of Care and Administrator confirmed that when a bath is missed due to staffing shortages, no one in the organization is monitoring that these baths are completed. Interview with Personal Support Workers confirm that when the home is working short of care providers the bath nurse is pulled and some residents do not receive their baths.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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 subsections:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits sayants :

1. A specified resident had a pain assessment completed on admission that indicated the resident did not have any pain. Altered skin integrity progressed from the time of admission to a stage X and the progress notes indicated that the resident complained of pain in the area. No further pain assessment was conducted. The location of pain was not investigated and the plan of care does not include that the worsening pressure ulcer may be a source of pain. The plan of care does not include non-pharmacological interventions that were in place for pressure relief and comfort. Tylenol was given to the resident on several occasions - through Feb, March and April prior to a pain assessment being initiated in April 2011. During interview, the resident indicated they were experiencing pain.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

- (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**
 - (i) within 24 hours of the resident's admission,**
 - (ii) upon any return of the resident from hospital, and**
 - (iii) upon any return of the resident from an absence of greater than 24 hours;**
- (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;**
- (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and**
- (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

Findings/Faits sayants :

1. A specified resident did not receive reassessments of altered skin integrity at least weekly by a member of the registered nursing staff.
No assessments were completed in spite of documentation that there was worsening of the skin integrity.
A review of the Treatment Administration Record for the resident indicates assessments were completed approximately monthly.
A second specified resident did not consistently receive weekly wound assessments between October 18, 2010 and January 20, 2011.
 2. A specified resident did not receive immediate treatment and interventions to reduce or relieve pain, promote healing and prevent infection. The resident was noted during wound assessment to be experiencing moderate pain related to altered skin integrity. No pain assessment was completed for this resident in spite of documented pain in the Medication Administration Record, Treatment Administration Record and progress notes.
 3. A specified resident did not receive a skin assessment by a member of the registered nursing staff upon return from hospital.
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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:

A resident at risk for altered skin integrity receives a skin assessment by a member of the registered nursing staff, upon any return of the resident from hospital.

A resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection as required and, is reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs
Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits sayants :

1. A specified resident was prescribed a treatment to be completed twice daily for 7 days. Signatures on the Treatment Administration Record indicate that the resident continued to receive the treatment for four days after it was to have been discontinued.

Issued on this 7th day of June, 2011

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

A handwritten signature in cursive script that reads "Deborah Swelle".



**Ministry of Health and
Long-Term Care**

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

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	DEBORA SAVILLE (192)
Inspection No. / No de l'inspection :	2011_027192_0007
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Apr 18, 28, 29, 2011
Licensee / Titulaire de permis :	2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP 302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8
LTC Home / Foyer de SLD :	LEISUREWORLD CAREGIVING CENTRE - BRANTFORD 389 WEST STREET, BRANTFORD, ON, N3R-3V9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	LINDA PRINCE

To 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

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

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Order / Ordre :

The licensee shall prepare and submit a plan by June 14, 2011 for achieving compliance to meet the requirement that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. This plan shall be implemented.

The plan is to be submitted electronically to Nursing Inspector Debora Saville, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch at debora.saville@ontario.ca. by the end of business June 14, 2011.

Grounds / Motifs :

1. The plan of care for the specified resident indicates bathing once per week. Review of the PSW Documentation Record indicates the resident was bathed only once per week. (192)
2. A specified resident did not consistently receive a bath twice weekly between January 1, 2011 and April 17, 2011.
The PSW Documentation Record indicates that the resident was bathed only once weekly. (192)
3. A specified resident was not consistently bathed twice weekly between January 1, 2011 and April 17, 2011. The PSW Documentation Record indicates that the resident was bathed weekly during the specified period. The plan of care for the specified resident does not specify bathing twice weekly. (192)
4. A specified resident does not consistently receive a bath twice weekly. The PSW Documentation Record indicates that the resident received weekly baths. The plan of care indicates the resident is to be bathed twice weekly. (192)
5. A specified resident does not consistently receive showers twice weekly. The PSW Documentation Record indicates that the resident was not bathed by the method of their choosing twice weekly. (192)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 14, 2011



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

REVIEW/APEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-760

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Clair Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 7th day of June, 2011

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur :

DEBORA SAVILLE

Service Area Office /
Bureau régional de services :

Hamilton Service Area Office