



**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**

**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 apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 30, 2015	2015_188168_0026	H-2865-15 AND H-3110 -15 AND H-3091-15	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

LISA VINK (168)

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): September 11, 21, 22, 23, 24, 25, 30, October 1, 2, 8, 2015 and an off site visit on October 16, 2015.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the associate Director of Care, the Social Worker, registered nursing staff, personal support workers, the registered nurse from the Nurse Lead Outreach Outreach Team (NLOT), the medical director, office manager, corporate accounts receivable, residents and family members.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Hospitalization and Change in Condition
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**

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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**



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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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee failed to ensure that the written plan of care set out the planned care for the resident.

Resident #13 had catheter which was included on their plan of care. This catheter required cleaning and a dressing to the exit site. The home's policy Catheter Care - Indwelling, Condom and Suprapubic, VII-D-10.30, last revised January 2015, indicated to complete this treatment every shift. Interview with registered staff identified the resident's preference was for this task to be completed once a day on the evening shift, which was being completed. A review of the plan of care did not include the need for the planned care for the resident related to the cleaning of the area or the required dressing changes.

Staff identified that this information was previously included on the resident's Treatment Administration Record (TAR) in early 2015. The September 2015, TAR did not include this planned care as the treatment was not re-ordered when the resident returned from hospital in the spring of 2015, despite the fact that the care was still provided. Interview with registered staff confirmed that this planned care should be included in the plan of care. [s. 6. (1) (a)]

2. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Resident #10 had an order for a catheter change to be completed monthly. A review of the TAR's included documentation that the catheter was changed on May 22, 2015 and then not again until July 22, 2015. A review of the progress notes for the identified period of time did not include that the catheter was changed monthly. Interview with the DOC verified that she could not confirm that the catheter had been changed monthly as set out in the plan of care based on her discussions with staff. [s. 6. (7)]

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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

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 failed to ensure that the resident with altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A photograph and video provided to the inspector by resident #10's representative identified that resident had an area of altered skin integrity to the left hand on September 4, 2015. This area was potentially a skin tear, on an area that was in plain view, on the top of the hand. A review of the clinical record did not include a skin assessment of the area. Nursing staff, who provided care to the resident after September 4, 2015, had no recollection of the altered skin integrity. Interview with registered staff, after reviewing the photograph of the area, confirmed that an area of altered skin integrity, like the one in the photo, should be assessed using a clinically appropriate assessment instrument and that there was no such assessment of the area in the resident's record. The area was not assessed as required. [s. 50. (2) (b) (i)]



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 the resident with altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, 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, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, that procedures were developed and implemented for, the cleaning and disinfection of supplies and devices.

The home did not provide a copy of a procedure which was developed or implemented for the cleaning and disinfection of supplies and equipment, specifically catheter bags, on request. Discussions with registered nursing staff and unregulated care providers on September 30, 2015, identified that staff replaced catheter bags when they were soiled and cleaned them as needed; however, could not consistently identify at what frequency or how this was completed. Staff verified that they were not aware of the home's procedure or the expectations for the cleaning, disinfection or replacement of catheter bags. The management team confirmed that a current procedure to direct staff regarding the cleaning, disinfection and replacement of catheter bags was not in place or easily accessible in the home. The home did not have a procedure developed or implemented for the cleaning or disinfection of catheter bags. [s. 87. (2) (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 as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, that procedures are developed and implemented for, the cleaning and disinfection of supplies and devices, to be implemented voluntarily.

Issued on this 30th day of November, 2015

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



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Original report signed by the inspector.