



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

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
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119, rue King Ouest, 11<sup>ième</sup> étage  
HAMILTON, ON, L8P-4Y7  
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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
Feb 18, 2014	2013_122156_0034	H-000108- 13	Follow up

**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**

CAROL POLCZ (156), CYNTHIA DITOMASSO (528), LISA VINK (168)

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



**Ministry of Health and  
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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): November 7, 13, 14, 28,  
December 3, 4, 2013**

**This inspection was in relation to H-000108-13 and was a follow up to H-002114-  
12**

**During the course of the inspection, the inspector(s) spoke with Administrator,  
Director of Care (DOC), Assistant Director of Care (ADOC), Resident Assessment  
Instrument (RAI) Coordinator, registered staff, personal support workers (psw's),  
laundry staff, recreation staff, Dietary Aides and Food Services Supervisor.**

**During the course of the inspection, the inspector(s) reviewed the clinical  
records including plans of care, progress notes, food and fluid intake records,  
bowel record documentation in Point of Care (POC) computer charting software  
and blood glucose documentation for specified residents; observed the  
provision of care and services, and reviewed documents including but not  
limited to policies and procedures.**

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

**Accommodation Services - Laundry  
Contenance Care and Bowel Management  
Medication  
Nutrition and Hydration  
Personal Support Services**

**Findings of Non-Compliance were found during this inspection.**



<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**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 O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or



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system instituted or otherwise put in place was complied with.

The "Diabetes Management - Hypoglycemia Policy V3-453 revised March 2012", was not followed. According to the policy blood glucose is monitored when the resident displays symptoms of hypoglycemia and as ordered by the physician. If the blood glucose was below four millimoles per litre (mmol/L) or the resident was symptomatic, the registered nursing staff were to treat the hypoglycemia as outlined in policy, recheck the blood glucose 15 minutes later, and notify the physician and substitute decision maker (SDM) of hypoglycemic episode.

A. The plan of care for resident #044 indicated that the resident was administered a daily oral hypoglycemia agent with twice a day blood glucose checks on Mondays and Thursdays. On August 8, 2013, at 1648 hours blood glucose was 3.8 mmol/L. The progress notes stated that since it was meal time, carbohydrates were not given to the resident as outlined in the policy. Documentation indicated that the blood glucose was not re-checked until 1900 hours and was 7.0 mmol/L at that time. Furthermore, there was no indication that the physician or SDM were notified of the specific hypoglycemic episode. On September 16, 2013 at 1646 hours blood glucose was 3.9 mmol/L and on October 21, 2013 at 1732 hours blood glucose was 3.6 mmol/L. Reviewed documentation from both September 16, 2013 and October 21, 2013, did not indicate that any follow up actions were taken by registered staff including the administration of a carbohydrate, blood sugar re-checks, and notification of physician and substitute decision maker. [s. 8. (1)]

2. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The "Contenance Bowel - Prevention of Constipation Home Specific Procedure, V3-240.1, dated August 16, 2013", was not followed. The policy required registered staff to give 125 ml of prune juice if a resident had not had a bowel movement for two days, to administer 30 ml of Milk of Magnesia (MOM) if no bowel movement for three days, a Dulcolax suppository if no bowel movement for four days and a fleet enema if no movement for five days.

A. Resident #001 had experienced constipation and did not receive medications as prescribed by the physician.

i) According to the Point of Care (POC) documentation the resident had a bowel movement on October 2, 2013, followed by a movement on October 8, 2013.



Progress notes dated on October 8, 2013, noted that the resident was given prune juice as they did not have a bowel movement for five days, followed by a referral to the dietary department due to risk for constipation.

ii) The resident had a bowel movement on October 20, 2013, and not again until October 25, 2013. A review of progress notes identified that the resident had prune juice on October 23 and 24, 2013, related to the constipation, refused a laxative on a specified date on October 25, 2013, however did accept prune juice, which was later followed by a bowel movement.

B. Resident #006 had a bowel movement recorded in Point of Care (POC) on October 5, 2013, at 1357 hours and not again until October 11, 2013, at 1458 hours. A review of the clinical record did not include any as needed interventions initiated as a result of this situation until October 11, 2013, where staff noted that the resident was six days without a bowel movement. A physical assessment was completed on October 11, 2013, where staff identified that it was believed that the resident had a movement a few days prior which was not recorded. The resident refused offered interventions, as was not in any discomfort, and accepted prune juice, which was followed by a formed movement the same day. [s. 8. (1)]

**Additional Required Actions:**

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

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 33. (1)	CO #002	2012_122156_0024	168



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Issued on this 18th day of February, 2014

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

*Carol Poloz, RD.*



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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) : CAROL POLCZ (156), CYNTHIA DITOMASSO (528),  
LISA VINK (168)

Inspection No. /

No de l'inspection : 2013\_122156\_0034

Log No. /

Registre no: H-000108-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 18, 2014

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 : Shelly Desgagne



**Ministry of Health and  
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**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

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
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de soins de longue durée*, L.O. 2007, chap. 8

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  
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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2012\_122156\_0024, CO #004;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee shall ensure that the "Diabetes Management - Hypoglycemia Policy V3-453 revised March 2012" and "Continence Bowel - Prevention of Constipation Home Specific Procedure, V3-240.1, dated August 16, 2013" are complied with.

Previously identified as non-compliant August 2011; issued as an Order and January 2013; issued as an Order.

**Grounds / Motifs :**



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**Ordre(s) de l'inspecteur**  
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1. The "Continenence Bowel - Prevention of Constipation Home Specific Procedure, V3-240.1, dated August 16, 2013" was not followed. The policy required registered staff to give 125 ml of prune juice if a resident had not had a bowel movement for two days, to administer 30 ml of Milk of Magnesia (MOM) if no bowel movement for three days, a Dulcolax suppository if no bowel movement for four days and a fleet enema if no movement for five days. The policy was not followed for residents #001 and #006 who experienced constipation. Resident #001 experienced constipation on two occasions: one for six consecutive days and another for five consecutive days. The resident did not receive medications as prescribed by the physician. The policy was not followed for resident #006 who experienced constipation for six consecutive days.

(168)

2. The "Diabetes Management - Hypoglycemia Policy V3-453 revised March 2012" was not followed. According to the policy, blood glucose is monitored when the resident displays symptoms of hypoglycemia and as ordered by the physician. If the blood glucose was below four millimoles per litre (mmol/L) or the resident was symptomatic, the registered nursing staff were to treat the hypoglycemia as outlined in the policy, recheck the blood glucose 15 minutes later and notify the physician and substitute decision maker (SDM) of the hypoglycemic episode.

The policy was not followed for resident #044 who experienced hypoglycemia on two occasions without follow-up action taken by registered staff including the administration of a carbohydrate, blood sugar re-checks and notification of physician and substitute decision maker.

(528)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Feb 20, 2014



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### **REVIEW/APPEAL INFORMATION**

#### 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 Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
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](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 18th day of February, 2014**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** CAROL POLCZ

**Service Area Office /  
Bureau régional de services :** Hamilton Service Area Office