**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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486


## Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Mar 15, 2015 | 2015_353589_0004 | T-1996-15 | Critical Incident System |

### 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 - LAWRENCE
2005 LAWRENCE AVENUE WEST TORONTO ON M9N 3V4

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

JOANNE ZAHUR (589)

### Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): February 23, 24 and 25, 2015.**

**During the course of the inspection, the inspector(s) spoke with residents, personal support worker (PSW), registered staff (RN/RPN), assistant director of care (ADOC), director of care (DOC), environmental services manager (ESS).**

**The following Inspection Protocols were used during this inspection:**
**Critical Incident Response**
**Falls Prevention**

**During the course of this inspection, Non-Compliances were issued.**
**3 WN(s)**
**1 VPC(s)**
**0 CO(s)**
**0 DR(s)**
**0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.<br><br>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**

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

**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 has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan of care.
Review of the written care plan reveals the following falls prevention interventions in place:
-non-skid strips on floor at the bedside
-apply posey alarm when in bed and up in wheelchair
-clip call bell to resident when in bed
-apply protective head device when up in wheelchair
-safety checks every hour
Interviews with two identified PSWs revealed that they apply the protective head device on resident #01 during the night for added safety even though the written care plan states to only apply when up in the wheelchair.
Interview with the DOC confirmed that the two identified PSWs are not providing care as specified in the plan of care to resident #01 related to the use of a protective head device. [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 ensuring that the care set out in the plan of care is provided to residents as specified in the plan of care., to be implemented voluntarily.***

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**WN #2: 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 has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is:
(a)In compliance with and is implemented in accordance with all applicable requirements under the Act, and
(b)complied with.

Review of home's policy titled: Falls Prevention Program, #V3-630 (November 2013) page three of four, states under post fall procedure that the registered staff will immediately document the initial physical assessment; and complete and document a head-to-toe physical assessment at least every shift for three days following a fall.

Review of health record of resident #01 reveals that after falls experienced on specific dates in November, December 2014, and January 2015,the home's registered staff did not consistently document a head-to-toe physical assessment every shift for three days after each above mentioned falls incidents as follows:

-On two specified fall incidents in November 2014, the home did not comply with head-to-toe physical assessments every shift for 72 hours on specified dates after these two falls incidents.

-On two specified fall incidents in December 2014, the home did not comply with a physical head-to-toe assessment every shift for 72 hours on specified dates after the fall incidents. The first documentation in resident #01s health record post the first fall incident was related to dialysis treatment.

-On a specified fall incident in January 2015, the home did not comply with a physical head-to-toe assessment every shift for 72 hours on specified dates.

An interview with the DOC and ADOC confirmed that the home's registered staff did not comply with policy, Falls Prevention Program, #V3-630 (November 2013) which indicates that a head-to-toe physical assessment is to be completed every shift for 72 hours post a fall. [s. 8. (1) (a),s. 8. (1) (b)]

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when a resident has fallen, the resident is assessed and, to conduct a post fall assessment using a clinically appropriate assessment instrument that is specifically designed for falls.
Review of health record for November 2014, December 2014, and January 2015, revealed that resident #01 had experienced five falls incidents in this time period and that on a fall incident that occurred in December 2014, a post falls assessment was not completed using a clinically appropriate assessment instrument.
Interview with DOC and ADOC confirmed that a post falls assessment using a clinically appropriate assessment instrument was not completed for resident #01. [s. 49. (2)]

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**Issued on this 24th day of March, 2015**

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

**Original report signed by the inspector.**