



**Inspection Report  
under the Long-Term  
Care Homes Act, 2007**

**Rapport d'inspection  
prévue le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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<b>Dates of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
December 14, 15, 2010	2010_193_2832_14Dec102423	Critical incident T-2818 and 2849
<b>Licensee/Titulaire</b>		
Ontario Limited as General Partner of 2063414 Investment LP, 302 Town Centre Blvd., #200, Toronto, L3R 0E8		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Leisureworld Caregiving Centre- O'Connor Court, 1800 O'Connor Drive, East York, ON, M4A 1W7		
<b>Name of Inspector/Nom de l'inspecteur</b>		
Monica Klein #198		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: Personal Support Workers (PSW), Registered staff, Directors of Care, Administrator.</p> <p>During the course of the inspection, the inspector: reviewed the health record, home's policies and procedures.</p> <p>The following Inspection Protocols were used during this inspection: Hospitalization and death and Falls prevention.</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>2 WN 1 VPC</p>		



**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA:

Le suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* a trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

**WN #1: The Licensee has failed to comply with 6 (7) of the LTCHA, 2007, S.O. 2007, c.8. The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.**

**Findings:**

- The plan of care for an identified resident was indicating that staff was required to carry a monitoring device at all times but the staff did not carried the monitoring device on night shift.

**Inspector ID #:** 198

**WN #2: The Licensee has failed to comply with 6 (1) c of the LTCHA, 2007, S.O. 2007, c.8. Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out (c) clear directions to staff and others who provide direct care to the resident.**

**Findings:**

- The plan of care for an identified resident did not indicate the position of the bed side rails.

**Inspector ID #:** 198

**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 by providing clear directions regarding position of bedrails for residents in beds which have bedrails, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Title: Date:

Date of Report: (if different from date(s) of inspection).

January 6, 2011.