



**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**

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**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 22, 2014	2014_159178_0017	T-62-14	Resident Quality Inspection

**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 - O'CONNOR GATE  
1800 O'Connor Drive, East York, ON, M4A-1W7

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

SUSAN LUI (178), JANICE PITTS (), JOELLE TAILLEFER (211), SUSAN SEMEREDY (501), THERESA BERDOE-YOUNG (596)

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



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): July 2, 3, 4, 7, 8, 9, 10, 11, 2014.**

**Please note: inspection team member Janice Pitts' inspector number is 587.**

**During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Associate Directors of Care (ADOCs), Environmental Service Manager (ESM), Director of Dietary Services (DODS), Resident Relations Coordinator, Resident Assessment Instrument (RAI) Coordinator, Pharmacist, Registered Dietitian, registered staff, personal support workers (PSWs), dietary aides, activation aides, housekeeping supervisor, housekeeping staff.**

**During the course of the inspection, the inspector(s) observed residents' care, observed home environment including resident care areas, reviewed resident records, reviewed home records.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care**

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



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p><b>Legend</b></p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p><b>Legendé</b></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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**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).**

**Findings/Faits saillants :**



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1. The licensee has failed to ensure that the written plan of care sets out clear directions to staff who provide direct care to the resident.

Staff interviews confirm that resident # 5 is at risk for falls and requires the use of a bed alarm when in bed. Observations confirm that a bed alarm pad is present on the resident's bed. However record review and staff interviews confirm that this intervention does not appear on the resident's written plan of care. [s. 6. (1) (c)]

2. Record review revealed that the written plan of care does not reflect resident #20's current oral care interventions and does not set out clear directions to staff who provide direct care to the resident. Staff interview confirmed that the post surgery oral care interventions listed in resident # 20's current written plan of care were no longer necessary and are no longer being performed. [s. 6. (1) (c)]

***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 residents' written plans of care set out clear directions to staff who provide direct care to the residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

**s. 15. (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**

**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**

**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

During the inspection period, the following maintenance and repair concerns were observed by inspector # 211:

-the laminate counter top of the dining room cabinet on Skyview unit is worn, and the cabinet door is chipped, exposing the wood underneath.

-the baseboards in the dining room and the shower room alcove of Skyview unit are damaged and are not secured to the wall.

-the paint on Skyview unit's dining room server door and the clean utility room door is scraped.

Interview with an identified maintenance staff member confirmed that these areas of the home are in need of repair.

In the shower room washroom on the Lakeside unit, a vent was noted to be hanging down, and not secured on the ceiling. Interview with an identified housekeeping and maintenance manager confirmed that he/she was not aware of the loose vent. The vent was secured on the same day. [s. 15. (2) (c)]

2. In the second floor shower room, a long handled squeegee with a rusted metal head was observed on the floor in the corner. Rust marks were noted on the floor where the squeegee had been placed.

Interview with the ADOC confirmed that the squeegee should no longer be used as it was in a poor state of repair, and instructed a staff member to remove it immediately. [s. 15. (2) (c)]

***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 home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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



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**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).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident # 8, who was exhibiting altered skin integrity, specifically a pressure ulcer, was reassessed at least weekly by a member of the registered nursing staff.

Record review indicated that the resident was experiencing a pressure ulcer between October 2013 and December 2013. Treatment was initiated, but weekly skin assessments were not consistently completed.

No weekly assessments were completed for the resident's skin ulcer between November 1 and November 29, 2013.

The resident's pressure ulcer eventually healed and treatment was discontinued on December 19, 2013. [s. 50. (2) (b) (iv)]

***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 residents who are exhibiting altered skin integrity are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***



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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

**s. 72. (2) The food production system must, at a minimum, provide for, (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that menu substitutions are documented on the production sheet.

Record review of the Food Committee meeting minutes revealed that the residents of the home were concerned about the number of menu substitutions. Review of the production sheets and interview with the DODS confirmed that not all menu substitutions are documented on the production sheets. [s. 72. (2) (g)]

2. The licensee shall ensure that all food and fluids in the food production system are prepared using methods to preserve taste, nutritive value, appearance and food quality.

Interview with resident #40 revealed that the grilled cheese sandwiches are often served burnt. Interview with the DODS revealed that he/she was aware of this issue but was having difficulty solving the problem because the home's kitchen does not have an institutional grill. The DODS explained that grilled cheese sandwiches are prepared using a baking sheet on top of the gas burners and that this method does not allow for an even distribution of heat and causes burning of the bread. [s. 72. (3) (a)]





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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 to ensure that:***

***-menu substitutions are documented on the production sheet***

***-all food and fluids in the food production system are prepared using methods to preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,**

**(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that procedures are developed and implemented to make sure all equipment, devices, assistive aids and positioning aids in the home are kept in good repair.

Observations made on July 3 and 10, 2014, confirmed that the toilet grab bars in an identified resident's washroom were found to be loose and unstable.

The Environmental Service Manager confirmed that the above identified toilet grab bars were unstable and required replacement. On July 11, 2014, the inspector observed that the toilet grab bars had been removed from the identified resident's washroom. The DOC confirmed that the residents using that washroom were being reassessed to determine their need for toilet grab bars. [s. 90. (2) (b)]



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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 to ensure that procedures are developed and implemented to make sure all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

The following infection prevention and control concerns were observed by inspector # 178 during the inspection period:

-in resident # 10's bathroom which is shared by two residents, the inspector observed an unlabelled toothbrush on the bathroom counter.

-In resident # 11's bathroom which is shared by two residents, the inspector observed two unlabelled denture cups sitting on the bathroom counter. An unidentified PSW assigned to the residents that day, stated that both residents in this room wear dentures, and normally the denture cups are kept in the residents' care caddies. [s. 229. (4)]

2. The following infection prevention and control concerns were observed by inspector # 596 during the inspection period:

-in the second floor shower room, an unlabeled disposable razor and a nail clipper was observed.

-in resident # 83's room and in the second floor shower room, the inspector observed unlabelled hairbrushes.

-in the second floor washroom attached to the shower room, the inspector observed a wash basin and a urine collection container, both unlabelled, and stored on the floor of the washroom. [s. 229. (4)]

3. The following infection prevention and control concerns were observed by inspector # 501 during the inspection period:

-in the second floor shower room, the inspector observed a disposable razor and a pair of nail clippers, both unlabelled and previously used.

Staff interviews confirmed that these personal care items should not be stored there as they could be reused and possibly spread infection. [s. 229. (4)]

4. The following infection prevention and control concerns were observed by inspector # 211 during the inspection period:

-in resident # 20's shared bathroom, two containers holding various personal care items. Neither the containers, nor the items therein, were labelled with residents' names, with the exception of one tube of toothpaste, which was labelled.

Staff interview revealed that residents' toothbrushes, soap and toothpaste placed into the containers should be labelled with residents' names.

Interview with the DOC confirmed that residents' personal items in shared bathrooms should be labelled to prevent the spread of infection. [s. 229. (4)]



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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 to ensure that all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids**

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

- s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,**
- (a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).**
  - (b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids labelled within 48 hours of admission and of acquiring.

The licensee has failed ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission and of acquiring, in the case of new items.

Resident and staff interviews confirm that resident # 21 reported his/her sunglasses to be missing from the resident's room in May 2014. Staff conducted a search of the unit but the sunglasses were not found at that time. The sunglasses were eventually found by a staff member on July 9, 2014 in the resident's dresser drawer. Staff interview, resident interview, and observations confirmed that the glasses were not labelled at the time they were found, and never had been labelled by the home. Staff confirmed that the sunglasses would be labelled immediately. [s. 37. (1) (a)]



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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.  
79. Posting of information**



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

**s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**

- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)**
- (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)**
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)**
- (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)**
- (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)**
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)**
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)**
- (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)**
- (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)**
- (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)**
- (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)**
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)**
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)**
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)**
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)**
- (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)**
- (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that copies of the inspection reports from the past two years for the long-term care home are posted in the home.

The inspector observed on July 2, 2014, that the following inspection reports from the past two years were not posted in the home:

2014\_102116\_0010

2013\_102116\_0047

2013\_158101\_0014

2013\_158101\_0013

Interview with the ED confirmed that these reports were not posted. [s. 79. (3) (k)]

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**WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

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

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

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**Findings/Faits saillants :**

1. The licensee failed to seek the advice of the Residents Council in developing and carrying out the satisfaction survey, and in acting on its results.

Review of the Resident Council meeting minutes indicated no discussion took place regarding the latest satisfaction survey. Staff interview confirmed that the advice of Residents' Council was not sought in developing and carrying out the satisfaction survey, and in acting on its results. [s. 85. (3)]

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**Issued on this 23rd day of July, 2014**

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

*Susan Liu (178)*