Ontario

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
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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
Jun 12, 2015	2015_370162_0005	T-1700-15	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 - ST GEORGE
225 ST. GEORGE STREET TORONTO ON M5R 2M2

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

TIINA TRALMAN (162), ARIEL JONES (566), JUDITH HART (513), STELLA NG (507)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 7, 8, 11, 12, 13, 14, 15, 19 and 20, 2015.

During the course of the inspection, the inspector(s) spoke with the executive director (ED), director of care (DOC), associate director of care (ADOC), director of food services, food service supervisor (FSS), director of program services, environmental services manager (ESM), housekeeping supervisor, registered dietitian (RD), social worker, registered staff, personal support workers (PSWs), dietary aide, activation aide, housekeeping aide, residents and family members.

The inspector(s) observed resident's care areas, observed provision of care and reviewed home records.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Family Council
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
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

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

5 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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. 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. 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).

Findings/Faits saillants :

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

Over the course of the inspection, the inspectors observed the following examples that the home and furnishings were not kept in a good state of repair:

Ground Floor (men's bathroom)
-Sink counter under basin chipped,
-rust behind toilet, and
-scuff marks on the walls.

First Floor
-Rusted wall heater at the entrance to the unit.

Second Floor
-Stains along the floor leading from the tub room door to the hallway,
-to the right of the tub room door, baseboard is caved in and drywall crumbling revealing studs,
-large round patch of stucco missing on the ceiling near the privacy curtain, damage on south wall at baseboard level and door knob plate to bathroom door is loose in an identified room,
-unpainted patchwork on the north bedroom wall across from the foot of bed, damaged/rotted particle board on floor level of the residents' wardrobe, south wall on

entrance to the bedroom with an area of exposed patchwork, chipped paint on the exterior bedroom door by the floor in an identified room.

Third floor
-Chipped paint and drywall on the east wall above the hand rail outside an identified room,
-missing end of hand rail and exposed patchwork beside it in the north hallway by the stairwell door,
-chipped paint and drywall beneath the monthly calendar in the common area,
-chipped paint on tub room door, loose hand rail on the south wall of the shower stall, and chipped paint and broken tile around the door to toilet area.

Fourth Floor
-Worn arm rests and legs of chairs in the lounge room and common area near the television,
-marred and scuffed walls by the elevators from the floor to the waist level,
-tub room drain grate is not secured to the floor in the shower stall; marred wall/chipped paint on and around the door to toilet area.

Fifth floor
- Worn arm rests and legs of resident's chair, washroom door with multiple scuff marks, and torn drywall on the wall by the entrance of an identified room,
-hand rail coming off the wall near the fire hose in north hallway,
-marred and scuffed walls outside of the elevator.

An interview with the ESM confirmed that the above-mentioned areas were not maintained in a good state of repair. [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 and furnishings are maintained in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents are provided with any eating aids required to safely eat and drink as comfortably and independently as possible.

Record review revealed that resident #35 is at high nutritional risk related to a medical condition, and requires therapeutic interventions to safely drink. The home's diet information sheet indicates the need for an identified eating aid.

On an identified date, at an identified meal service on an identified unit, the resident was observed with two thickened beverages served in regular glasses. Interviews with an identified dietary aide and an identified registered staff member confirmed that the resident requires beverages to be served using an eating aid. On a subsequent observation, at an identified meal service, the resident was observed with one of two thickened beverage served in a regular glass. Interview with an identified registered staff revealed that the resident should be provided an identified eating aid for all beverages.

Interview with the RD revealed that the resident is independent in eating and drinking, but requires an eating aid so he/she can drink comfortably and safely. [s. 73. (1) 9.]

2. The licensee has failed to ensure that any resident who requires assistance with eating or drinking is not served a meal until someone is available to provide the

assistance required by the resident.

Record review of the resident's written plan of care revealed that resident #36 requires total eating assistance.

On an identified date, at an identified mealservice, on an identified unit, the resident was observed to have been served his/her soup. Approximately five minutes after the soup was served, resident #36's tablemate called the inspector indicating that the resident was not eating and was not assisted by a staff member. The resident's eyes were observed to be closed and he/she was not eating. An interview with an identified registered staff member indicated that the resident requires total eating assistance as he/she had experienced a change in his/her condition upon return from hospital and that the resident should not have been served her soup until a staff member was available to assist with eating.

Interviews with the DOC, RD, DFS, and the FSS confirmed that residents requiring eating assistance are not to be served food items without a staff member present to assist. [s. 73. (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 residents are provided with any eating aids required to safely eat and drink as comfortably and independently as possible, and that any residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance, to be implemented voluntarily.

WN #3: 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences.

On identified dates, the inspector observed one half side rail raised on resident #02's bed while the resident was not in bed. A review of the resident's written care plan outlined that one half side rail is to be raised while the resident is in bed, related to the resident's high risk for falls.

Interviews with an identified PSW and registered staff revealed that the resident uses two half side rails while in bed for comfort and bed mobility, and that the resident requires two staff for turning, repositioning, and transfers. An interview with an identified registered staff member confirmed that the resident's care plan was not reflective of her current needs regarding the use of half side rails, and that there had been no recent changes in her status for bed mobility and falls safety.

An interview with the ED confirmed that the resident's care plan was not consistent and did not accurately reflect the resident's care needs. [s. 6. (2)]

2. Record review of the minimum data set (MDS) annual assessment and the quarterly assessment review of identified dates, indicated that resident #08 had impaired vision, the ability to see large print, but not regular print in newspapers or books. Both assessments indicated that the resident assessment protocol (RAP) would be care planned with the goal of maintaining current level of functioning. Record review revealed that a plan of care was not developed based on the assessment.

Interview with an identified registered staff confirmed a written care plan was not in place. Interview with the DOC confirmed that the RAP identifying interventions regarding the resident's vision should be included in the written plan of care. [s. 6. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home has a resident-staff communication response system that can be easily accessed and used by residents at all times.

Observations on identified dates, revealed that resident #07's call bell was on the floor behind his/her bed with the cord dangling behind the headboard out of reach, while the resident was resting in bed. A review of resident #07's care plan revealed that in order to ensure a safe environment for resident #07, his/her call bell should be within reach.

Interviews with an identified PSW and registered staff confirmed that the resident is capable of pulling the call bell, and that the resident's call bell was not within reach, and should be clipped within reach at all times when the resident is in bed. [s. 17. (1) (a)]

WN #5: 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. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

Findings/Faits saillants :

1. The licensee failed to ensure that, at least once in every year, a survey will be taken of the residents and their families to measure their satisfaction with the home and care, services, programs and goods provided at the home.

A record review of the home's current satisfaction survey, included the use of the stage 1 questions from Abaqis plus two additional questions regarding general satisfaction to measure one's level of overall satisfaction with the home and how likely they are to recommend the home to others.

An interview with the ED confirmed the licensee used the Abaqis tool in 2014 as their annual satisfaction survey, and that the Abaqis tool does not determine satisfaction in all required areas, including all mandatory programs. [s. 85. (1)]

Issued on this 6th day of July, 2015

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

Original report signed by the inspector.