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**


**Long-Term Care Homes Division**
**Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée**
**Inspection de sions de longue durée**

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**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 |
|---|---|---|---|
| Apr 22, 2016 | 2016_303563_0009 | 005678-15 | 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 - ST GEORGE
225 ST. GEORGE STREET TORONTO ON M5R 2M2

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

MELANIE NORTHEY (563), ADAM CANN (634), CAROLEE MILLINER (144)

## 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): April 4 - 6, 2016**

**The following critical incident inspections were completed concurrently:**
**Log # 008364-15 / 2594-000012-15 related to staff to resident alleged abuse**
**Log # 011599-15 / 2594-000019-15 related to a missing resident greater than three hours**
**Log # 017273-15 / 2594-000021-15 related to resident to staff alleged abuse**
**Log # 018526-15 / 2594-000024-15 related to a fall and fracture**
**Log # 026004-15 / 2594-000030-15 related to responsive behaviours**
**Log # 026047-15 / 2594-000029-15 related to a medication error**
**Log # 007307-16 / 2594-000001-16 related to a gas leak**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, the Manager of Resident Programs, one member of the Resident Program Team, one member of the Environmental Maintenance Team, the Environmental Service Supervisor, the Scheduling Clerk, the Food Services Supervisor, two Receptionists, one Activation Aide, a service representative from Abel Pest Control, three Registered Nurses, six Registered Practicval Nurses, fifteen Personal Support Workers and two residents.**

**The inspector(s) also conducted a tour of the home and made observations of residents, resident/staff interactions, activities and care. Relevant policies and procedures, the home's investigation notes, as well as clinical records and plans of care for identified residents were reviewed.**

**The following Inspection Protocols were used during this inspection:**
**Falls Prevention**
**Medication**
**Prevention of Abuse, Neglect and Retaliation**
**Safe and Secure Home**

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

**2 WN(s)**
**2 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. |

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**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 was provided to the resident as specified in the plan.

Record review of the "Health Status" progress notes for resident # 021 revealed the resident went to hospital after complaints of pain during a transfer and returned to the home with a diagnosis of a specific injury.

Review of the current care plan revealed the transfer intervention at the time of the incident stated resident # 021 was totally dependent on two staff for transfers using a specific transfer device.

Record review of the home's investigation notes revealed a Personal Support Workers (PSWs) transferred the resident using the wrong transfer device.

Review of the care plan revealed the bed mobility intervention at the time of the incident stated resident # 021 used side rails and that both side rails were to be up when in bed for repositioning and comfort.

Record review of the current care plan revealed two side rails in use with another specific intervention used as a falls prevention strategy. Observation of resident # 021 revealed two side rails in use, but the specific intervention used as a falls prevention strategy was absent.

Interview with resident # 021 confirmed at the time of the incident only one PSW was providing care.

Interview with Executive Director # 107 and the Director of Care (DOC) #101 confirmed only one PSW was providing care to resident # 021 at the time of the incident and both side rails were down while care was being provided.

The care set out in the plan of care was not provided to the resident as specified in the plan related to the use of transfer devices, number of staff assistance for transfers, and the use of bed rails and other falls prevention strategies. [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 to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, 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 failed to ensure that the "Falls Prevention Policy # VII-G-30.00" last revised in January 2015 was complied with.

Record review of the "Falls Prevention" Policy # VII-G-30.00" revealed, "Registered staff complete the "Falls Risk Assessment" in the electronic documentation system at the following times: within 24 hours of admission, as triggered by the MDS Resident Assessment Protocol, and with a significant change in status, i.e. when there is a physiological, functional, or cognitive change in status." The policy also instructed staff "if resident is transferred to hospital related to this fall, notify Charge Nurse to initiate the MOHLTC Critical Incident (Reporting) System (CIR) and "update resident's care plan." The policy stated, a "Falls Prevention Kit" should be accessible to the front line staff at all times."

Record review of the "Assessments" tab in PointClickCare (PCC) for resident # 021 revealed there was no documented evidence of a "Falls Risk Assessment" completed in

electronic form after each fall.

Record review of the significant change in status Minimum Data Set (MDS) revealed a Falls Resident Assessment Protocol (RAP) was triggered because resident # 021 fell.

Staff interview with the Executive Director # 107 and the DOC # 101 on April 7, 2016 confirmed a “Falls Risk Assessment” should have been completed when resident # 021 had a significant change in physiological and functional status. [s. 8. (1) (a),s. 8. (1) (b)]

2. Record review of the “Assessments” tab in PCC for resident # 061 revealed there was no documented evidence of a “Falls Risk Assessment” completed.

Staff interview with a Registered Practical Nurse (RPN) # 123 confirmed a "Falls Risk Assessment" was not completed for this resident in PCC.

Record review of the Quarterly MDS assessment dated July 27, 2015 revealed a Falls RAP was triggered because resident # 061 had a fall. Two other Quarterly MDS assessments revealed a Falls RAP was triggered because the resident was taking a specific type of medication. All three identified Fall RAPs documented the resident at risk for falls.

Observations of the physical chart for resident # 061 revealed a “Falls Risk Assessment” was present on the chart under assessment tab, but the date was unrecognizable on the form.

Staff interview with the Executive Director # 107 and the DOC # 101 on April 7, 2016 at approximately 1100 hours confirmed a “Falls Risk Assessment” should be completed electronically as described in the policy and confirmed the "Fall Prevention Kits" have not yet been implemented. [s. 8. (1) (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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

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**Issued on this 22nd day of April, 2016**

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

**Original report signed by the inspector.**