



**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>
Feb 14, 2013	2013_196157_0006	002522, 000021, 001209, 001265	Critical Incident System

**Licensee/Titulaire de permis**

VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR  
302 Town Centre Blvd, Suite #200, MARKHAM, ON, L3R-0E8

**Long-Term Care Home/Foyer de soins de longue durée**

LEISUREWORLD CAREGIVING CENTRE - ROCKCLIFFE  
3015 LAWRENCE AVENUE EAST, SCARBOROUGH, ON, M1P-2V7

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

PATRICIA POWERS (157)

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



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

**This inspection was conducted on the following date(s): February 5, 6, 2013**

**During the course of this inspection, five Critical Incidents were inspected:  
Log#002522-11, Log#000021-12, Log#001209-12, Log#001265-12, Log#000056-13.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident Relations Coordinator, two Assistant Directors of Care, two Registered Nurses, a Physiotherapy Assistant, residents.**

**During the course of the inspection, the inspector(s) reviewed the clinical health records for five identified residents, facility reports related to five critical incidents, observed care and services provided to residents, reviewed the home's education records related to resident abuse prevention, reviewed facility policies and procedures related to Resident Abuse and Neglect, Missing Residents and Falls Prevention.**

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

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Responsive Behaviours**

**Safe and Secure Home**

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



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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</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. (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 :**



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1. Resident #04 experienced a fall, was transferred to hospital and had surgery. On return from the hospital, the resident's plan of care identified the need for a restraining device to prevent falls.

Care was not provided to the resident as specified in the plan of care when the restraining device was removed and the resident was left unattended. (Log #001265-12) [s. 6. (7)]

2. The plan of care for resident #02 directs that care is to be provided to the resident by a female PSW.

Care was not provided to the resident as specified in the plan when a male PSW provided care to the resident. (Log #000021-12) [s. 6. (7)]

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**Issued on this 14th day of February, 2013**

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

A handwritten signature in cursive script that reads "Pat Powers".