



**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
Direction de l'amélioration de la
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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
Dec 21, 2015	2015_189120_0089	019187-15	Complaint

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

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

LEISUREWORLD CAREGIVING CENTRE - TULLAMORE
133 KENNEDY ROAD SOUTH BRAMPTON ON L6W 3G3

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 19, 2015

During the course of the inspection, the inspector(s) spoke with the acting administrator, environmental services supervisor, food services supervisor, maintenance staff, personal support workers and residents regarding the housekeeping, maintenance and dietary services in the home.

During the course of the inspection, the inspector toured the building (resident rooms, washrooms and common areas), reviewed maintenance schedules and audits, roofing repair service reports, an identified resident plan of care and observed the lunch time meal.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance**

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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 O.Reg 79/10, s. 90. Maintenance services**Specifically failed to comply with the following:**

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee did not ensure that schedules were in place for preventive and remedial maintenance related to bathroom vanities and furnishings.

During a tour of resident bedrooms, observed the condition of one night table, four vanities and one sink to be in poor condition. The night table top in room #16 was rough, with exposed particle board, the sink in room #66 was heavily stained with a large chip on the sink edge, the vanity in room #40 had a large gap of approximately 1 cm between base and laminate material as it had pulled apart (delaminated) and the laminate on the vanities in rooms #43, 46 and 47 were chipped. The preventive audit check list (Physical Plant Audit) provided by the Environmental Services Supervisor (ESS) did not include vanities, fixtures or sinks on the check list to remind the auditor to review these fixtures for condition. The bed side table was included on the check list.

The audit schedule for resident rooms was once per year according to the ESS. When checked, room #16 was audited on August 16, 2015 and the auditor did not document that the bed side table was in poor condition. Rooms #66, 46 and 40 were all audited in 2015, and the condition of the vanities was not identified (check list did not prompt auditor to look at the vanities and sinks). The ESS was not aware that the furnishings and fixtures were in need of repair/replacement.

The remedial plan or schedule to repair the furnishings and fixtures identified during the inspection was not in place and the licensee's preventive component was not fully developed to capture bathroom vanities and furnishings.

[s. 90.(1)(b)]



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Issued on this 21st day of December, 2015

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

Original report signed by the inspector.