Ontario

# Inspection Report under the *Long-Term Care Homes Act, 2007*

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

| **Date(s) of inspection/Date de l'inspection** | **Inspection No/ d'inspection** | **Type of Inspection/Genre d'inspection** |
|---|---|---|
| October 13, 2010 | 2010_141_963_12Oct163916 | Complaint – H-00807 |

**Licensee/Titulaire**
Vigour Limited Partnership on behalf of Vigour General Partner Inc., 302 Towne 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, Brampton, On. L6W 3G3

**Name of Inspector(s)/Nom de l'inspecteur(s)**
Sharlee McNally, Compliance Inspector – Nursing #141

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to a complaint received at the HASO on August 13, 2010 concerning resident care issues.

During the course of the inspection, the inspector spoke with: the Administrator, Assistant Director of Care

During the course of the inspection, the inspector: reviewed residents records, and the homes investigation notes related to an identified incident of injury, medication incident reports and education records

The following Inspection Protocols were used during this inspection:
Critical Incident Response
Skin and Wound Care

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN
1 VPC

## NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire
**DR** – Director Referral/Régisseur envoyé
**CO** – Compliance Order/Ordres de conformité
**WAO** – Work and Activity Order/Ordres: travaux et activités

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| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.<br><br>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.) | Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.<br><br>Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi. |

**WN #1: The Licensee has failed to comply with LTCHA 2007, S.O 2007, c. 8, s.6(7)**

**s.6(7): The licensee shall ensure that the care set out in the care plan is provided to the resident as specified in the plan.**

**Findings:**

1. An identified resident's care was not provided by nursing staff as per the plan of care causing negative outcome to the resident.

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| **Inspector ID #:** | #141 |

**WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.107(3)4**

**s.107(3): The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4): An injury in respect of which a person is taken to hospital.**

**Findings:**

1. The Director, up until the date this inspection, did not receive a report for an identified resident transferred to hospital due to an injury in the home.

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| **Inspector ID #:** | #141 |

**WN #3: The Licensee has failed to comply with O. Reg. 79/10, s.131(2)**

**s.131(2): The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.**

**Findings:**

1. Directions for administration of a drug was not followed correctly by registered staff twice when administering the drug to an identified resident.

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| **Inspector ID #:** | #141 |

**WN #4: The Licensee has failed to comply with O. Reg. 79/10, s.50(2)(b)(iv)**

**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, (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;**

**Findings:**

1. An identified resident did not receive consistent weekly wound assessments for identified pressure ulcers. One wound did not have a completed initial assessment and treatment was not initiated at the time of identification.

| **Inspector ID #:** | |
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**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 that ensures all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

| **Signature of Licensee or Representative of Licensee**<br>**Signature du Titulaire du représentant désigné** | **Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** |
|---|---|
| **Title:** **Date:** | **Date of Report:** (if different from date(s) of inspection).<br>June 6, 2017 |