



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 prévue le Loi de 2007 les foyers de soins de longue

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Aug 15, 2012, 2012\_072120\_0062, Other

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 - MISSISSAUGA
2250 HURONTARIO STREET, MISSISSAUGA, ON, L5B-1M8

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 an Other inspection.

During the course of the inspection, the inspector(s) spoke with the director of care and environmental services supervisor regarding the homes maintenance and housekeeping services. (H-001630-12)

During the course of the inspection, the inspector(s) toured the home and measured lighting levels in resident bedrooms, washrooms, dining rooms and corridors and observed the condition of cabinetry in dining rooms and windows throughout the home.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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

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,  
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and  
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

**Findings/Faits saillants :**

[O. Reg. 79/10, s. 90(1)(b)] As part of the organized program of maintenance services under clause 15(1)(c) of the Act, the licensee of a long-term care home did not ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance.

(i) The majority of the aluminum slider-type windows located throughout the home have not been maintained to ensure that they are in good condition. The windows are no longer tight-fitting when closed due to the complete deterioration of the felt seals that once existed on the frames. The windows, when closed, rattle in the wind and allow air flow between the exterior and interior. No procedures have been developed to address the care and maintenance of windows.

(ii) The fourth floor dining room/lounge has cabinets in poor condition. One of the lower cabinet doors had a large crack in it. Another cabinet door, also in poor condition, had another cabinet door of a different size nailed to it's surface and was not fitted properly, leaving large gaps and making cleaning difficult. The cabinet surfaces had worn varnish, exposing raw wood. Cabinet surfaces in dining rooms on other floors also had worn varnish to varying degrees. No procedures have been developed to address the care and maintenance of cabinetry.

**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 there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping**

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;  
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

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**Findings/Faits saillants :**

[O. Reg. 79/10, s. 87(2)(a)(i)] As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee did not ensure that procedures are developed and implemented for,

(a) cleaning of the home, including (i) resident bedrooms.

The window sills were noted to have a heavy build-up of dirt and dust in most resident bedrooms. According to the environmental services supervisor, the sills, frames and glass are cleaned once per year and were last done in June 2012. No specific policy or procedure has been developed to address the frequency of cleaning the windows, who will clean the windows and how they will be cleaned (windows have restrictors in place which creates difficulty in removing the sliders).

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.**

Location	Lux
Enclosed Stairways	Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors	Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms.	Minimum levels of 322.92 lux
All other homes	
Stairways	Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors	Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home	Minimum levels of 215.84 lux
Each drug cabinet	Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position	Minimum levels of 376.73 lux

O. Reg. 79/10, r. 18, Table.

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**Findings/Faits saillants :**



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The licensee has not ensured that the lighting requirements set out in the table are maintained.

Resident bedrooms, bathrooms and corridors were randomly measured with a light meter and identified to be below required levels.

Resident rooms do not have central overhead lighting to produce the required 215.84 lux. Some resident rooms have a hanging globe-type lighting fixture over the hand sink in the room. These fixtures produced a lux level between 40-50. Levels were measured between 40-120 lux in the centre of the room when the globe light and all over bed lights were turned on and window curtains drawn (to mimic night time levels).

Resident washrooms ranged between 0 and 200 lux depending on the configuration of the room. Levels were measured directly below the ceiling light where washrooms did not have a sink and these ranged between 130-200 lux depending on the type of light bulb installed. Washrooms with a sink and that are L-shaped were very dark, as no light fixture was available over the sink area. The lux levels over the sinks were 0-20 and approximately 90 lux over the toilet area. A lux of 215.84 is required.

The corridors on all floors did not have a consistent and continuous level of 215.28 lux along the length of the corridor. Levels below the light fixtures were 390-420 lux and between fixtures 50-75 lux. The fixtures were approximately 12 feet apart, causing the lighting fluctuations.

***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 lighting requirements set out in the Table to this section are maintained, to be implemented voluntarily.***

Issued on this 28th day of August, 2012

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

A handwritten signature in cursive script that reads "B. Susmit".