



**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
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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	
April 21, 26, 27, 2011	2011_125_2584_21Apr101944	Complaint T-2591-10	
Licensee/Titulaire			
Leisureworld Senior Care LP on Behalf of 2063412,			
Long-Term Care Home/Foyer de soins de longue durée			
Leisureworld Barrie, 130 Owen Street, Barrie Ontario, L4M 3H7			
Name of Inspector/Nom de l'inspecteur			
Marsha Hardwick, 125			
Inspection Summary/Sommaire d'inspection			

The purpose of this inspection was to conduct a complaint inspection regarding fluid intake, skin care and oral care.

During the course of the inspection, the inspector spoke with:

- Administrator
- Director of Care
- Registered Dietitian
- Food Services Supervisor
- Dietary Aides
- Charge Nurse
- Registered Nurse
- Personal Care Aides

During the course of the inspection the inspector reviewed:

- A resident's health record
- Policy and procedures.

The following Inspection Protocols were used:

- Nutrition and Hydration Inspection Protocol
- Skin and Wound Care Inspection Protocol

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

[2] WN

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

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

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 O. Reg. 79/10, s.8 (1) (a) (b). 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 all applicable requirements under the Act; and

(b) is complied with.

Findings:

- A resident was not identified at risk for inadequate hydration.
- Identified reports indicated an interdisciplinary hydration management program was not initiated.

WN #2: The licensee has failed to comply with LTCHA, 2007 S.O. 2007 s. 6 (10) (b). The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

- An identified resident's plan of care was not revised when care needs change.
- The written plan of care did not include the identification of specific care interventions.

Signature of Licensee or Representative of Licensee 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). 	