

**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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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Inspection Report under the LTC Homes Act, 2007</b><br><input checked="" type="checkbox"/> Public Copy<br><input type="checkbox"/> Licensee Copy                   |  | <b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b><br><input type="checkbox"/> Copie du Titulaire<br><input checked="" type="checkbox"/> Copie de la Publique |                                                                     |
| <b>Date(s) of inspection/Date de l'inspection</b><br>July 20 and 21, 2010                                                                                             |  | <b>Inspection No/<br/>d'inspection</b><br>2010-147-2911-<br>20Jul113157                                                                                                                             | <b>Type of Inspection/Genre d'inspection</b><br>Complaint – H-00029 |
| <b>Licensee/Titulaire</b><br><br>2063415 Ontario Limited as General Partner of 2063415 Investment LP<br>302 Town Centre Blvd.<br>Suite #200<br>Markham, ON<br>L3R 0E8 |  |                                                                                                                                                                                                     |                                                                     |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br><br>Leisureworld Brampton Meadows<br>215 Sunny Meadows Blvd<br>Brampton, ON                              |  |                                                                                                                                                                                                     |                                                                     |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Laleh Newell - #147                                                                                             |  |                                                                                                                                                                                                     |                                                                     |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                       |  |                                                                                                                                                                                                     |                                                                     |

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'exigences 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.

The purpose of this inspection was to conduct a Complaint.

The inspection was conducted by Laleh Newell.

The inspection occurred on July 20 and 21, 2010.

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

Director of Care  
Nurse Manager  
RPN  
Physiotherapyist

The following Inspection Protocol was used during this inspection:

Falls Prevention Inspection Protocol

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

Four (4) Non-Compliance were found during this inspection. The following action was taken:

Four (4) WN  
None VPC  
None Co: CO#

### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

WN – Written Notifications/Avis écrit  
VPC – Plan of correction/Plan de redressement  
DR – Director Referral/Régisseur envoye  
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'exigences 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.

**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.)**

**WN#1: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria.**

**B2.4 -Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff providing care.**

Findings:

1. Prior to admission to the Long Term Care (LTC) home, an identified resident had a number of falls, one of which resulted in a fracture to the left elbow in May 2010. On admission to the LTC home the resident was assessed at being at high risk for falls, however, the plan of care does not indicate strategies and interventions related to minimizing the risk of falls for the resident.

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**WN#2: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria.**

**A1.11 (2) - Residents' rights which shall be fully respected and promoted include, but are not limited to the following rights contained in the Long-Term Care Statute Law Amendment Act, 1993 (Bill 101):**

**(2)Every resident has the right to be properly sheltered, fed, clothed, groomed & cared for in a manner consistent with his/her needs**

Findings:

1. An identified resident's admission assessments, initial documentation from the CCAC and the resident's family identified the resident as being at high risk for falls, however, the home failed to initiate any interventions or strategies to minimize risks associated with the resident's identified need related to a history of falls

Inspector ID#: 147

**WN#3: The Licensee has failed to comply with: The Nursing Homes Act , RSO 1990 chap.N.7, s. 20.10 (b)**

**20.10 A licensee of a nursing home shall ensure that,**

**(b) the plan of care is developed for each resident to meet the resident's requirements;**

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'exigences 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.

#### Findings:

1. Prior to admission to the Long Term Care (LTC) home, an identified resident had a number of falls, one of which resulted in a fracture to the left elbow in May 2010. On admission to the LTC home the resident was assessed at being at high risk for falls, however, the plan of care does not indicate strategies and interventions related to minimizing the risk of falls for the resident.

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**WN#4: The Licensee has failed to comply with: The Nursing Homes Act , RSO 1990 chap.N.7, s. 2 (2) 2 (2) A licensee of a nursing home shall ensure that the following rights of residents are fully respected and promoted**  
**(2) Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.**

#### Findings:

1. An identified resident's admission assessments, initial documentation from the CCAC and the resident's family identified the resident as being at high risk for falls, however, the home failed to initiate any interventions or strategies to minimize risks associated with the resident's identified need related to a history of falls

Inspector ID#: 147

Signature of Licensee of Designated Representative  
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).