



**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  
performance et de la conformité**

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**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| Apr 29, 2013                                   | 2013_214146_0025                              | , H-000058-<br>13              | Complaint                                          |

**Licensee/Titulaire de permis**

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT  
LP  
302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - BRANTFORD  
389 WEST STREET, BRANTFORD, ON, N3R-3V9

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

BARBARA NAYKALYK-HUNT (146)

**Inspection Summary/Résumé de l'inspection**



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

This inspection was conducted on the following date(s): April 16, 17, 18, 19, 23, 2013.

This inspection was conducted concurrently with CI inspection H-001553-12 and complaints H-001242-12, H-001545-12 and H-000058-13. A non-compliance, s.3(2) was issued in the CI inspection report 2103-214146-0024 and is also related to complaint H-000058-13.

During the course of the inspection, the inspector(s) spoke with the acting Administrator, acting Director of Care (DOC), the Associate Director of Care (ADOC), the pharmacist, registered staff, Personal Support Workers (PSW'S), residents and family members.

During the course of the inspection, the inspector(s) toured the home, observed resident care, reviewed resident records and reviewed policies and procedures.

The following Inspection Protocols were used during this inspection:

Medication

Responsive Behaviours

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES |                                       |
|----------------------------------------------|---------------------------------------|
| Legend                                       | Legendé                               |
| WN – Written Notification                    | WN – Avis écrit                       |
| VPC – Voluntary Plan of Correction           | VPC – Plan de redressement volontaire |
| DR – Director Referral                       | DR – Aiguillage au directeur          |
| CO – Compliance Order                        | CO – Ordre de conformité              |
| WAO – Work and Activity Order                | WAO – Ordres : travaux et activités   |



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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.)

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

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs**

**Specifically failed to comply with the following:**

**s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

**Findings/Faits saillants :**



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1. The home did not ensure that the skin and wound program ( V3-1400) was implemented related to the provision of effective wound care interventions.

a. According to the home's skin care program V3-1400, page five, statements five and six advise that registered staff will document treatment of altered skin integrity on the resident treatment administration record (TAR) and will also document each dressing change on the record. According to the TAR, resident #008 was to have daily dressings to a wound initiated in May 2012. The TAR was blank on 18 of the next 30 days. There was no mention of a dressing change on any of these days in the progress notes. A registered staff member confirmed that if the treatment was not documented on the TAR or progress notes, it was not done.

b. According to the TAR, resident #008 was to have daily treatment to a second wound , initiated in June 2012. The TAR was blank on 23 days of the next 26 days.

c. According to the TAR, resident #012 was to have a medicated cream applied daily. The TAR for April 2013, was blank on 17 of the possible 23 days. Registered staff confirmed that there was no notation in progress records to explain treatment not being done. As of April 23, 2013, according to wound care nurse, the wound had not deteriorated.

d. According to the TAR, resident #013 was to have a dressing change to a wound every 3 to 5 days and more often if necessary in March 2013. The treatment was not done in March 2013 for a period of 15 days. According to a registered staff member, there was no explanation in progress notes of missed treatments. As of April 23, 2013, the wound had not deteriorated, according to wound care nurse. [s. 48. (1) 2.]

***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 following interdisciplinary programs are developed and implemented in the home: a skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound interventions, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**



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Specifically failed to comply with the following:

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**

**2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances. O. Reg. 79/10, s. 101 (1).**

**3. A response shall be made to the person who made the complaint, indicating,**  
**i. what the licensee has done to resolve the complaint, or**  
**ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

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**Findings/Faits saillants :**



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1. This section was previously issued as a WN in October 2011.

The licensee did not ensure that all written or verbal complaints were responded to within 10 days, or at all, and no response was made to the complainant indicating resolution or otherwise.

a. Resident #003 submitted four written complaints to the home between January 2013 and March 2013 regarding resident care and laundry (infection control) issues. The signatures of registered staff on the submitted complaints (resident kept photocopies) indicate the home received them. The resident, as of April 19, 2013 had not received any response to any of the written complaints. The Acting Administrator and Acting DOC were unable to determine if any investigation had taken place and were unable to locate the complaints. The resident provided photocopies of the complaints submitted. [s. 101. (1)]

2. A review of complaint logs kept by the home revealed that there were no documented records of complaints in the home from May 2012 to December 2012 that indicated the nature of each complaint; the date the complaint was received; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; nor any response made in turn by the complainant. Complaint logs for 2011 and some logs for 2013 were present. An analysis for 2012 completed by the acting Administrator confirmed that the home received at least six written complaints between May and December 2012.

The acting Administrator confirms that the records are missing and thinks they may have been shredded by mistake. [s. 101. (2)]



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***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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or the operation of the home is dealt with as follows:***

***1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.***

***2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.***

***3. A response shall be made to the person who made the complaint, indicating,***  
***i. what the licensee has done to resolve the complaint, or***  
***ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.***

***(2) The licensee shall ensure that a documented record is kept in the home that includes,***

***a. the nature of each verbal or written complaint;***

***b. the date the complaint was received;***

***c. the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;***

***d. the final resolution, if any;***

***e. every date on which any response was provided to the complainant and a description of the response; and***

***f. any response made in turn by the complainant, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 131.  
Administration of drugs**



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**Specifically failed to comply with the following:**

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

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**Findings/Faits saillants :**

1. Drugs are not administered to residents in accordance with directions for use specified by the prescriber.

a. resident #003's medication direction was that resident #003 was to receive specific medications daily at 0800. In August 2012, the resident's unopened medication package for 0800 was found in the medication cart in the late afternoon by the registered nurse, not given as prescribed. The nurse asked resident #003 if the medications were refused since the MAR indicated a refusal and the resident stated that the morning medications had not been offered. Two registered staff confirmed that if the medications had been offered to the resident, the medications would not have been in the pouch because all nurses opened the packaging and put the medications into a cup before offering them to a resident. This information was confirmed by the resident, two registered staff members and the medication pass policy 04-02-20.

b. resident #006's medication directions were to hold a specific medication as of a date in November 2012. However, the specific medication was given to the resident on three occasions in error after this date. This information was confirmed by the record and the ADOC

c. resident #007's direction was to receive one dose of a medication in August 2012; however the resident was given a second dose of the medication on the same day, in error.

This information was confirmed by the record and the ADOC [s. 131. (2)]

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Issued on this 29th day of April, 2013

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

BARBARA NAYKALYK-HUNT