

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

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
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☐ Licensee Copy/Copie du Titulaire

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Date(s) of inspection/Date de l'inspection
March 2, 3, 2011

Inspection No/ d'inspection
2011_140_2819_02Mar135813

Type of Inspection/Genre d'inspection
Complaint – Log # T2883
T179
T219
T269

Licensee/Titulaire

2063412 Ontario Limited as General Partner of 2063412 Investment LP,
302 Town Centre Blvd., Suite #200, Markham, ON L3R 0E8
Phone # 905-477-4006
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Long-Term Care Home/Foyer de soins de longue durée

Leisureworld Caregiving Centre – Muskoka, 200 Kelly Drive, Gravenhurst, ON P1P 1P3

Name of Inspector(s)/Nom de l'inspecteur(s)

Sue McKechnie - #140

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection with regards to insufficient staffing, expired medications, and Resident care issues.

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Registered Staff, Personal Support Workers, Unit Scheduling Clerk, and Residents.

During the course of the inspection, the inspector: reviewed resident charts, nursing staff schedules, and Medication Administration system, and observed meal service.

The following Inspection Protocols were used in part or in whole during this inspection:

Prevention of Abuse, Neglect and Retaliation, Sufficient Staffing, Medication, Dining Observation, Skin and Wound Care, Training and Orientation and Personal Support Services Inspection Protocols.

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

[3] 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	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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 <i>Loi de 2007 les foyers de soins de longue durée</i> 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. 114 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.	
Findings: 1. The Home had no policy to capture how to determine if missing medication had happened pre or post packaging. The Home's policy was changed following an incident where medication was noted to be missing on December 8, 2010.	
Inspector ID #:	140
Additional Required Actions: none	

WN #2: The Licensee has failed to comply with O. Reg 79/10 s. 136 (1)(a)(b)(c)(d) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of, (a) all expired drugs; (b) all drugs with illegible labels; (c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156(3) of the Drug and Pharmacies Regulation Act; and (d) a resident's drugs	
Findings: 1. Three identified residents had labels that were partially worn off and the full Residents' names were not apparent on their medications stored in medication carts. 2. There were three identified medications which had expired in a medication room.	

Inspector ID #:	140
Additional Required Actions: none	

WN #3: The Licensee has failed to comply with O. Reg 79/10 s. 50 (2)(c) Every licensee of a long-term care home shall ensure that, (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing;	
Findings: 1. Additional wound care supplies are not available to Registered Staff on the weekend. There is a supply in each medication room but if extra is required on the weekend they are not readily available.	
Inspector ID #:	
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, 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 supplies are readily available in the home. This plan is to be implemented voluntarily.	

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). <i>Sue McKechnie</i>	