

**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 conformitéLondon Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8Telephone: 519-675-7680
Facsimile: 519-675-7685Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Inspection Report under the LTC Homes Act, 2007		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée	
☒ Public Copy ☐ Licensee Copy		☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection July 28, 2010	Inspection No/ d'inspection 2010_105_2628_28Jul 061434	Type of Inspection/Genre d'inspection Complaint	
Licensee/Titulaire Vigour Limited Partnership			
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre Oxford			
Name of Inspector(s)/Nom de l'inspecteur(s) June Osborn			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection The inspection was conducted by one inspector identified above. The inspection occurred on July 28, 2010 with one inspector being present on one day. During the course of the inspection, the inspector spoke with the administrator, the charge nurse the, wound care nurse, the 2 medication nurses, psu staff, restorative care staff, activation staff, dietary staff, residents, and a family members of residents. The following Inspection Protocols were used in part or in whole during this inspection: Dining Observation 3 Findings of Non-Compliance were found during this inspection. The following action was taken: 3 WN 3 VPC			

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.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Plan of correction/Plan de redressement
DR – Director Referral/Régisseur envoie
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

WN#1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 3(1)4

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: 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. July 28, 2010 Resident was found to be crying and upset because she rang for assistance and no one came to help her, she needed to have a b.m. She had an accident and then sat in it reportedly 30 minutes until her husband arrived who attempted to bring it to staffs attention. This inspector witnessed staff saying "I will find someone". Another 15 minutes passed before someone came to assess the situation and then the resident was told by the RN no one was available to help.

Further Inspector Actions:

VPC- pursuant to LTCHA 2007, S.O. 2007, c.8, s3(1)4 the licensee is hereby requested to prepare a written plan of correction for achieving compliance. This is to be implemented voluntarily.

Inspector ID#: 105

Required Compliance Date for WN: August 3, 2010

Required Compliance Date for VPC: August 10, 2010

WN#2: The Licensee has failed to comply with: O. Reg 79/10, s110(2)4

Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act: That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)

Findings:

1. Restraint documentation on 3/3 residents concerning repositioning is incomplete.

5/5 PSWs state there is often not enough time to reposition until after 1000 a.m. when residents should be repositioned at 0800.

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.

Further Inspector Actions:

VPC- Pursuant to O. Reg. 79/10, s110(2)4 the licensee is hereby requested to prepare a written plan of correction for achieving compliance. This is to be implemented voluntarily.

Inspector ID#: 105

Required Compliance Date for WN : August 3, 2010

Required Compliance Date for VPC: August 17, 2010

WN#3: The Licensee has failed to comply with: O. Reg. 79/10, s73(1)11

Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

Findings:

1. On July 28, 2010 2 staff were noted to be sitting on residents walkers to assist with feeding/monitoring at the tables. One staff was noted to be sitting on a regular dining room chair to feed a resident and was too high too. 1 resident was noted to be sitting very low at a table and had to reach up to eat.

Further Inspector Actions:

VPC- Pursuant to O.Reg. 79/10, s73(1)11 the licensee is hereby requested to prepare a written plan of correction for achieving compliance. This is to be implemented voluntarily.

Inspector ID#: 105

Required Compliance Date for WN: August 3, 2010

Required Compliance Date for VPC: August 17, 2010

Signature of Licensee or 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).
August 3, 2010