**Ministry of Health and Long-Term Care**

Ottawa Service Area Office
Performance Improvement and Compliance Branch
Health System Accountability and Performance Division

347 Preston Street, 4th Fl
Ottawa ON K1S 3J4

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

Bureau régional de services d'Ottawa
Division de la responsabilisation et de la performance du système de santé
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APR 0 3 2008

Mr. Terry Teare
Administrator
Leisureworld Caregiving Centre
130 Midland Avenue
Scarborough ON M1N 4B2

Dear Mr. Teare:

Please find enclosed the **Risk Assessment Review** that was conducted in your home on January 14 to 18, 2008

This report must be posted for public viewing in a conspicuous place in the home, in accordance with Section 123(a) of the Nursing Homes Act and Regulation 832. The annual report should also remain posted for public viewing.

I would like to remind you that under the Freedom of Information and Protection of Privacy Act, all information retained by the Ministry of Health and Long-Term Care relating to your home is potentially subject to public release.

A copy of this report must be made available without charge to any resident of the home upon request. The report will also be on file with the Ottawa Service Area office.

Yours truly

Brenda Thompson
Nurse Enforcement Officer

Lori Kane
Compliance Advisor

Enl.

c: Legislative Library
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Home: 2789 /Visit: 2

| Home | Name And Address | Type of Review | Discipline | Inspection Date | Page # |
|---|---|---|---|---|---|
| 2789 | LEISUREWORLD CAREGIVING CTR-SCARBOROU<br>130 MIDLAND AVENUE<br><br>SCARBOROUGH ON M1N 4B2 | Others<br>Risk Assessment | Nursing | 2008/01/14<br><br>Number of Days<br>5 | 1 of 4 |

| Act/Reg Standards And Criteria | Ministry Inspection Results | Required Date of Correction | LTC Facility Plan of Corrective Action | Planned Date of Correction | Ministry Response |
|---|---|---|---|---|---|
| N/A | The purpose of this visit was to monitor identified risk to residents following discharge of the Home from Enforcement, September 13, 2007 and subsequent placement of the Home into Probationary Monitoring status.<br><br>No new Areas of Non-compliance are issued as a result of this visit.<br><br>The following areas of non-compliance have been issued and remains outstanding:<br><br>Reg.832 s.128 (Issued December 2006, March 2007 and July 2007) - A licensee of a nursing home shall ensure that the Quality Management System implemented for the home under section 20.11 of the Act includes, without limitation, that quality management system is developed and implemented for monitoring, evaluating and improving the quality of the accommodation, care, services, programs and goods provided to the residents of the nursing home. This section is contravened as evidenced by:<br><br>Systems in place for daily management of identified risks to residents do not currently | | | | |

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ensure consistent, required follow up interventions implemented by all staff.
Examples:
- Lack of consistent monitoring to ensure that residents are receiving medications and treatments as ordered by the physician. Examples include insulin by reaction, wound and skin care treatments, medications ordered to be given weekly, vital signs to be monitored for 72 hours, laboratory tests, VRE/MRSA testing, 2 step Mantoux.
- Supplies not available to meet resident care needs, syringes.
- Identified resident with recent change in condition requiring restraint. No physicians order for restraint in place and plan of care not reflective of restraint needs.
- Identified resident receiving hypodermoclysis and at high nutritional risk, food intake not recorded. Mouth care observed not to be provided and specific directions for care givers not included in resident care plan.
- Recently admitted resident expressing desire to leave the home was given a wanderguard, no assessment, plan in place to support the ongoing monitoring of risk and care needs.
- An identified resident at risk due to language barrier and chronic back pain did not receive a

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comprehensive pain assessment including an interpreter.
- Several identified residents' weights are not monitored monthly.
- An identified resident with no bowel movement for 4, and up to 6 days. No action taken. No quarterly review relating to bowel and bladder completed since November 2006.

Reg. 832 s.32 (issued December 2006, Mary 2007 and July 2007) - Every administrator shall ensure that all hazards to health and safety are eliminated from the Nursing Home. This section is contravened as evidenced by:
- Potential trip hazards were noted in identified resident bedrooms (i.e. lifting flooring at bedroom/bathroom thresholds, multiple cable wires not properly secured).
- Multiple resident identification bracelets observed at 2nd and 5th floor nursing stations without follow up action.
- Staff unable to locate a wheelchair for a resident in distress in the main dining room.
- An identified RN was observed not to follow the Home's policy and procedure when administering medications. PSW observed to return medication, not consumed by resident to the RN.

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- Medication and treatment creams observed at bedsides of 2 identified residents, confirmed to self-administer same.
- Identified resident at risk related to health records not accurately reflecting room change X 2 weeks ago.