



**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
prévus le Loi de 2007 les
foyers de soins de longue**

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
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 21, 22, 23, 24, 29, Mar 4, 5, 23, 30, 2012	2012_071159_0004	Complaint

Licensee/Titulaire de permis

VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR
302 Town Centre Blvd, Suite #200, MARKHAM, ON, L3R-0E8

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

LEISUREWORLD CAREGIVING CENTRE - STREETSVILLE
1742 BRISTOL ROAD WEST, MISSISSAUGA, ON, L5M-1X9

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the Inspector(s) spoke with Director of Care, Registered Nurse, Personal Support Service workers, Food Service Manager, Residents.

During the course of the inspection, the inspector(s) Reviewed clinical health records, observed care and environment, observed meal service, reviewed policy and procedures.
Log#H-000179-12

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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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
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The plan of care was not reviewed and revised when an identified resident's care needs changed. A review of resident's clinical records and staff interview (Registered Nurse and Director of Care) confirmed that the resident was assessed by Nurse Practitioner January 2012 and was diagnosed a condition and infection. However, the plan of care for the resident did not include the diagnosed condition and the interventions to address the concern. A review of laboratory results of January 2012, for resident identified abnormal laboratory values. The plan of care for the resident did not reflect concerns related to abnormal blood values or interventions to address this concern. s.6(10)(b).

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 ensuring that the resident is reassessed and the plan of care reviewed and revised when care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



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1. The Licensee of the home did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place due to the act or regulation is:

(b) complied with

The licensee did not ensure that their Nutrition and Hydration monitoring program policy and procedure was complied with.

The home policy Nutrition and Hydration Intake record (V9-040) states that resident intake of meals, snacks and supplements are documented on a daily basis and to support and or improve the nutrition/hydration status of resident.

For Identified resident #1 the food and fluid consumption record was found incomplete and not kept up to date. Dinner meal consumption for 3 days and afternoon and evening snacks and beverage intake for 21 days was not documented for the month of February 2012. Documentation in identified resident's health record supports that the Registered Dietitian completed a nutritional assessment and Resident Assessment Protocol summary January 2012 and had identified resident at high nutritional risk.

Resident #2 did not have written record kept up to date as per policy. Food and fluid consumption was not documented for breakfast, lunch and dinner meals for nine days for the month of February 2012. The plan of care for the resident had identified high nutritional risk.

The Food and Fluid intake monitoring record was not completed for 13/20 residents reviewed, and several entries were missing. Upon review of home's Nutrition/Hydration consumption record it was noted that the afternoon and evening nourishment snacks and beverage consumption was not consistently documented for the whole month February 2012.

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 ensuring that that plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following subsections:

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The Registered Dietitian who is a member of the staff of the home did not assess an identified resident when there was a change in resident's condition. There was no evidence in the resident's health record of an interdisciplinary assessment of the resident that the Registered Dietitian completed nutritional assessment, related evaluation and care planning. A review of laboratory results of January 2012, for the resident identified abnormal laboratory values. Further more there was no documentation to support that a referral was made to Registered Dietitian for assessment of resident's change in health status.

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 ensuring the Registered Dietitian who is the member of the staff of the home(a) completes a nutritional assessment for all residents whenever there is a significant change in a resident's health condition., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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Specifically failed to comply with the following subsections:

s. 73. (2) The licensee shall ensure that,

(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee did not ensure that no person simultaneously assists more than 2 residents who required total assistance with eating and drinking.

February 21, 2012, four residents were observed in the dining room who required total assistance with eating and one personal support service worker was assigned to provide assistance.

All four residents' plans of care and Resident Assessment Protocol (RAP) Summary under assistance daily living(ADL) Functional Rehabilitation had identified total dependence for eating. Interviewed Personal Support Service worker(PSW) and the Registered Nurse confirmed that residents identified required total assistance with eating and drinking and only one personal support service worker was assigned to assist these four residents.

73(2)(a)

2. Licensee did not ensure that resident who requires assistance with eating or drinking was served a meal until someone was available to provide assistance required by the resident.

On February 21, 2012, residents were observed in the dining room who were served soup at approximately 1310 hrs. The identified residents required total assistance with eating and drinking and were left unassisted for approximately 10 minutes with the food in front of them. Registered Nurse in the dining room was interviewed and confirmed that the personal support service worker(PSW) who was assigned to provide assistance to the residents was not present in the dining room and was occupied with other duties.

73(2)(b)

Issued on this 10th day of April, 2012

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

Asli Selgal