Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	PHYLLIS HILTZ-BONTJE (129)
Inspection No. / No de l'inspection :	2013_205129_0007
Log No. / Registre no:	H-000316-13
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Jun 26, 2013
Licensee / Titulaire de permis :	VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR 302 Town Centre Blvd, Suite #200, MARKHAM, ON, L3R-0E8
LTC Home / Foyer de SLD :	LEISUREWORLD CAREGIVING CENTRE - TULLAMORE 133 KENNEDY ROAD SOUTH, BRAMPTON, ON, L6W-3G3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	ASTRIDA KALNINS

Ontario

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Ministére de la Santé et des Soins de longue durée

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Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

To VIGOUR LIMITED PARTNERSHIP ON BEHALF OF VIGOUR, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

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Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according

to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan that will demonstrate how the right to be protected from abuse for all residents, including resident #002 will be fully respected and promoted. The plan is also to include, but not limited to, ongoing monitoring activities to ensure compliance. The plan is to be submitted on or before July 15, 2013, by mail to Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L89 4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca.

Grounds / Motifs :

1. Resident #002 was physically abused by a co-resident, who was a roommate, on an identified date. Resident #002 indicated there were no physical injuries, however; cognitive and behavioural changes that were being demonstrated following the attack indicated the resident may have suffered a significant emotional response to this attack which affected the residents otherwise good memory and emotional state. In the weeks prior to this attack the Administrator and Director of care confirmed that the resident was leaving the home unsupervised on outings and shopping trips.The resident was unable to remember the attack the day following the incident and the Director of Care and charge nurse felt that based on their knowledge of this resident, the identified cognitive/behavioural changes being demonstrated by the resident were a result of the resident attempting to cope with the attack. Although the resident indicated a lack of memory of the attack, the resident diverted their eyes, became very emotional and quiet when interviewed about the co-resident. (129)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 26, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the written plan of care provides clear directions to all staff who provide direct care to the residents, including personal support staff. The plan shall include, but not limited to, ongoing monitoring activities to ensure compliance. The plan is to be submitted on or before July 15, 2013, by mail to Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L89 4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca.

Grounds / Motifs :

1. Previously identified as non-compliant with a VPC on November 1, 2011.
2. The Assistant Director of Care confirmed that the system in the home for ensuring that Personal Support Workers (PSWs) were provided with clear directions for the provision of care was not in place for resident #002.
3. Information not accessible to PSW's included care needs related to the monitoring of symptoms from various diagnoses, care related to the risk of falling, care related to a specific activity of daily living and care related to responsive behaviours. The ADOC confirmed that specific care interventions for the above noted care needs for resident #002 where not part of the computerized point of care program, which is the only source of care directions available to PSW staff. PSW staff confirmed that they were not clear about specific care to be provided to this resident monitoring symptoms from a number of diagnoses, care related to the risk of falling and care related to responsive behaviours being demonstrated by this resident. (129)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 01, 2013

Ontario

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Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee shall protect all resident's, including resident #002 from abuse by anyone.

Grounds / Motifs :

1. Previously identified non-compliant as a VPC on January 1, 2012
2. Staff in the home took no action to protect resident #002 from abuse by a co-resident resulting in resident #002 being physically abused by a co-resident who was also the resident's roommate. Resident #002 was physically abused by this co-resident on an identified date when this resident placed their hands around resident #002's neck and shook the resident.
3. Staff in the home where aware of behavioural changes being demonstrated by the co-resident that included both physical and verbal abusive behaviours directed at both other residents and staff. Documentation in the clinical record for the co-resident indicated that this resident's behavioural symptoms had deteriorated over the three month period of time preceding May 2013 and staff documented specific incident of these responsive behaviours in April and May 2013; however, no actions were put in place to protect resident #002.

(129)

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Order # / Ordre no : 004

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that any person, who has reasonable grounds to suspect that a resident has been abused by anyone, shall immediately report this information to the Director. The plan shall include, but not limited to, specific activities the home will engage in to ensure all staff identify and report abusive or potentially abusive situations as well as a system for ongoing monitoring to ensure compliance. The plan is to be submitted on or before July 15, 2013, by mail to Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L89 4Y7 or by e-mail at Phyllis.Hiltzbontje@Ontario.ca.

Grounds / Motifs :

1. Previously identified non-compliant as a VPC on January 1, 2012
2. A suspicion of abuse was not immediately reported to the Director for two of two incidents reviewed during this inspection.
a) The Administrator and the Director of Care did not immediately notify the Director of a suspicion that abuse of a resident had occurred, following an incident on an identified date. Clinical record documentation indicated that on this date resident #001 was involved in a verbal altercation with resident #003 that resulted in this resident punching resident #003. The home notified the Director through the Critical Incident system, identifying resident to resident abuse the following day.
b) The Administrator and the Director of Care did not immediately notify the Director of a suspicion that abuse of a resident had occurred, following a second incident on an identified date. Clinical record documentation indicated that resident #001 physically abused resident #002. Staff in the home contacted the police, who attended the home and removed resident #001 from the home. The home notified the Director through the Critical Incident system, identifying resident to resident abuse the following.
c) The Administrator and Director of care confirmed that they did not use the emergency pager nor did they leave a message with the Hamilton Service Area Office about these incidents and also confirmed that they were uncertain about the requirements to report immediately to the Director.
(129)

This order must be complied with by /
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Order # / Ordre no : 005

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Order / Ordre :