Ontario

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 sous la Loi de 2007 sur les foyers de soins de longue durée

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 17, 2013	2013_210169_0032	H-000340-13	Complaint

Licensee/Titulaire de permis

488491 ONTARIO INC
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

AVALON RETIREMENT CENTRE
355 BROADWAY AVENUE, ORANGEVILLE, ON, L9W-3Y3

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

YVONNE WALTON (169), KATHLEEN MILLAR (527), THERESA MCMILLAN (526)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 26, 27, 28 December 5, 6, 2013

This inspection includes the following complaint logs: H-000340-13, H-000701-13, H-000648-13, H-00470-13 (linked to H-000472-13)and H-00701-13.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Maintenance manager, Registered dietitian, maintenance, nursing, laundry, housekeeping, dietary staff, nurse practitioner, behavior support officer, continence care program leader, restorative care and restraint program leader, residents and families

During the course of the inspection, the inspector(s) reviewed clinical records, observed all care areas and the laundry room, reviewed policies, procedures and minutes of meetings

The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Safe and Secure Home
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.

Findings/Faits saillants :

1. The licensee did not ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

1. The residents who require the use of slider sheets for positioning by staff while the residents are in bed, did not have access to them. The personal support workers stated they did not have any slider sheets to use. Observation revealed they were not available in resident rooms, linen rooms, tub room or the laundry room. Interview with the staff indicated they had not washed or folded one slider sheet. The administrator and director of care confirmed the policy of the home is to use the slider sheets to move residents in bed. They confirmed there were no slider sheets available on the home area for resident use. The personal support workers identified they use towels, folded flannel blankets, cotton blankets or whatever they can find. Observation confirmed all of the above items were found on resident beds.

2. The personal support workers also identified they cannot access pillows when they need them to assist with positioning of residents. The home was observed and there were no pillows available for staff use. The laundry room also did not have any available. The maintenance manager did have access to pillows, however these are not readily available to personal support workers for use with the residents. [s. 44.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. When the clean linen was sent to resident home area, due to the installation of the sprinklers, and the inaccessibility of the tub room, staff left the clean linen sitting in a bucket on the floor in the hallway and it was covered with dust from the drilling and ineffective plastic barrier. The linen was not covered or protected from possible infection control breaches or from getting covered in dust. [s. 89. (1) (c)]

2. Observation in the dining area on first and second floor revealed several residents were wearing clothing protectors which were torn, worn, faded and in general poor repair. Observation confirmed this finding. [s. 89. (1) (c)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. The licensee did not ensure that procedures were developed and implemented to ensure that all equipment in the home were kept in good repair.
A review of six mattresses on both floors was completed and five were found to be in poor repair. The covers on the mattresses were visibly cracked and were disintegrating. When the covers were removed, the foam core of the mattress was found to be very wet with urine and had a foul urine odor. The maintenance staff, administrator and director of care confirmed these findings. The director of care stated mattress audits were completed monthly, however the mattress covers were not removed as part of the audit, which reveals urine saturated foam cores with semi permeable covers. The residents were sleeping on mattresses soaked with urine. [s. 90. (2) (b)]

2. Several pieces of resident lounge furniture was observed to have a strong urine smell and be visibly soiled. There was furniture on the second floor outside the activity room/lounge which was found with wet cushions. When the covers were removed, the foam core of the cushion was visibly wet. The staff were attempting to steam clean a love seat in the area and confirmed the poor condition of the cushions. [s. 90. (2) (b)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has not ensured the home is a safe environment for its residents. Upon arrival to the home, it was observed a new sprinkler system was being installed. The workers had installed a plastic barrier where they were drilling through concrete, however it was across the entire width of the home area. Therefore when a resident needed to cross through the plastic barrier, the workers would lift up the plastic allowing all the dust to escape. Also, several ceiling tiles were removed to allow access for drilling, resulting in a loss of dust throughout the entire home area. A resident room was not accessible after lunch for three hours. The room was also noted to have dust all over their beds and floor. [s. 5.]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:
1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
3. The use of the PASD has been approved by,
i. a physician,
ii. a registered nurse,
iii. à registered practical nurse,
iv. a member of the College of Occupational Therapists of Ontario,
v. a member of the College of Physiotherapists of Ontario, or
vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).
4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).
5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).

Findings/Faits saillants :

1. The licensee did not ensure that every resident who uses a PASD to assist a resident with a routine activity of living is included in their plan of care. Seven out of seven residents were observed using bed-rails while in bed on three different days. All seven residents have a plan of care that identifies both bed rails are to be raised when the resident is in bed for bed mobility.
The licensee did not complete consents for the use of the PASD, or alternatives to the use of a PASD were considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living or was there approval by any person provided for in the regulations.
This was confirmed the Director of Care, the lead for the falls/restraint committee and the documentation in the clinical records. [s. 33. (4) 1.]

Additional Required Actions:

CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: 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:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the plan of care for a resident was provided related to continence care.
The resident's plan of care directed staff to provide specific interventions related to continence care. Two personal support workers and one registered staff confirmed the resident did not receive the interventions as per the plan of care.
The resident developed a change condition resulting in a negative outcome.
[s. 6. (7)]

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 that ensures the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. Licensee did not reassess resident's wound weekly by a member of the registered nursing staff as clinically indicated. A resident had a pressure wound and it deteriorated. No recent weekly wound assessments was completed resulting in a change in wound status. [s. 50. (2) (b) (iv)]

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 that ensures a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to provide the resident with a range of continence care products that are appropriate for the time of day, and the individual resident's type of incontinence.

Residents expressed concern regarding incontinence management and being able to access individualized products. [s. 51. (2) (h) (v)]

2. The licensee did not ensure the residents are provided with a range of continence care products that is appropriate for the time of day and to meet the individual needs of the resident's type of incontinence.

The home has not provided the continence care products to meet residents individual needs. Observation revealed towels being used as an alternative to prevent the linen from getting wet and to soak up any urine spillage. [s. 51. (2) (h) (v)]

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 that ensures all residents are provided with a range of continence care products that are appropriate for the time of day, and for the individual resident's type of incontinence, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The licensee did not ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. A resident missed two days of medication upon admission. Administrator, Director of Nursing and documentation of the medication sheets confirmed the resident did not receive the medication according to the directions by the physician. [s. 131. (2)]

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 that ensures drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

Issued on this 17th day of December, 2013

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

YVONNE WALTON

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) :	YVONNE WALTON (169), KATHLEEN MILLAR (527), THERESA MCMILLAN (526)
Inspection No. / No de l'inspection :	2013_210169_0032
Log No. / Registre no:	H-000340-13
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Dec 17, 2013
Licensee / Titulaire de permis :	488491 ONTARIO INC 689 YONGE STREET, MIDLAND, ON, L4R-2E1
LTC Home / Foyer de SLD :	AVALON RETIREMENT CENTRE 355 BROADWAY AVENUE, ORANGEVILLE, ON, L9W-3Y3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CHAN SOOKLAL

To 488491 ONTARIO INC, 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

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 : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.

Order / Ordre :

The licensee shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. Supplies to include: slider sheets, pillows and incontinence management linens.

Grounds / Motifs :

1. The licensee did not ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

a) Residents who require the use of slider sheets for positioning while in bed did not have access to them. The staff stated they didn't have access to slider sheets. Observation confirmed they were not available. Interview with staff, stated they had not washed or folded one slider sheet during the past five days. The staff could not provide one slider sheet, which may have been stored in the laundry room. The Administrator and Director of Care confirmed the policy of the home is to use the slider sheets to move and position residents in bed. They confirmed there were no slider sheets available on the home area for resident use. The staff identified they use towels, folded flannel blankets, cotton blankets or whatever they can find. Observation confirmed all of the above items were found on various resident beds.
b) Staff also identified they cannot access additional pillows when they need them to assist with positioning of residents. It was observed that there were no additional pillows available for staff to use as positioning aids. Extra pillows were available in the home, however they were locked and only the maintenance manager had access. The maintenance manager is not available at all times, making pillows not readily available to personal support workers for use with the residents. (169)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 20, 2013

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

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

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 :

O.Reg 79/10, s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(i) residents' linens are changed at least once a week and more often as needed,

(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

(iv) there is a process to report and locate residents' lost clothing and personal items;

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and

(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Order / Ordre :

r. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, the licensee of a long-term care home shall ensure that, (a) procedures are developed and implemented to ensure that, (b) sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair. O. Reg. 79/10, s. 89 (1).

The licensee must prepare, submit and implement a plan that includes:
a) an audit of all clothing protectors used by residents is completed and ones that are noted to be in a poor state of repair are replaced.
b) a review of the current system of clean linen delivery to resident home areas that ensures linens are stored in a manner that ensures they are kept clean.

The plan shall be submitted by December 20, 2013 to Yvonne Walton by mail at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St., W., 11th Floor, Hamilton, ON L89 4Y7 or by email at yvonne.walton@ontario.ca.

Grounds / Motifs :

1. Observation in a dining area revealed several residents were wearing clothing protectors which were torn, worn, faded and in a general poor state of repair. Observations were made of clothing protectors that were not maintained in a good state of repair being prepared to go to the home area. Staff stated they had to send them to the home areas or the staff would not have enough for residents to use for meals. Observation confirmed this finding. Staff confirmed there was no system identified for replacing clothing protectors in poor state of repair. (169)

2. Clean linen was sent to a resident home area in a plastic tub style container. It was observed sitting on the floor in the hallway. The home was in the process of installing new sprinklers, and the tub room where staff routinely store clean linen was inaccessible. Staff left the clean linen sitting in a bucket on the floor in the hallway. The hallway had falling dust from the ceiling from drilling through concrete. The linen was not covered or protected from possible infection control breaches and dust contamination. The clean linen was observed sitting on the floor for over an hour and staff confirmed it was clean linen. (169)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 10, 2014

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 : 003

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Order / Ordre :

r. 90. (2) The licensee must ensure that procedures are developed and implemented to ensure that, (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

The licensee must prepare, submit and implement a plan that includes:
a) an audit of all en-suite toilets in the home, specifically the area around the toilets for odour and urine build up.
b) an audit of all furniture in the common areas of the home
c) an audit of all resident mattresses and mattress covers in the home
d) a system to monitor, analyze, and evaluate the cleanliness and odour of all resident lounge furniture, resident mattresses, mattress covers and toilets in the home.

The plan is to be submitted by December 20, 2013 to Long Term Care Homes Inspector: Yvonne Walton, Ministry of Health and Long Term Care, Performance, Improvement and compliance Branch

Grounds / Motifs :

1. Several pieces of resident lounge furniture was observed to have a strong urine smell and be visibly soiled. There was furniture outside the activity room/lounge which was found with wet seat cushions. When the covers were removed, the foam core of the cushion was visibly wet and smelled of urine. The staff were attempting to steam clean a love seat in the area and confirmed the poor condition of the cushions. (169)

2. The licensee did not ensure that procedures were developed and implemented to ensure that all equipment in the home were kept in good repair. A review of six mattresses on both floors was completed and five were found to be in poor repair. The covers on these mattresses were visibly cracked and disintegrating. When the covers were removed, the foam core of the mattress was found to be very wet and had a foul urine odor. The maintenance staff, Administrator and Director of Care confirmed these findings. The Director of Care stated mattress audits were completed monthly, however the mattress covers were not removed as part of the audit.and therefore did not identify urine saturated foam cores. The residents had been sleeping on mattresses soaked with urine.
(169)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 03, 2014

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

Ministère 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 : 004

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must ensure the home is a safe and secure environment for its residents. During the time of the review, a new sprinkler system was being installed on the first floor. The licensee must ensure:

1. Dust is controlled in all resident accessible areas and air quality is maintained.
2. Residents must be provided with an alternative area to sit and rest, if their room is inaccessible.
3. Each residents room, including beds and personal effects, shall be adequately protected from dust.
4. All equipment such as drills, used for the installation, shall be stored in a safe manner.

Grounds / Motifs :

1. The licensee has not ensured the home is a safe environment for its residents. Upon arrival to the home, it was observed a new sprinkler system was being installed. The installation of the sprinklers and plastic barrier system continued during the entire inspection period. The workers had installed a plastic barrier where they were drilling through concrete, however it was across the entire width of the home area. Therefore when a resident needed to access their bedroom, they had to pass through the plastic barrier of dust. The workers would lift up the plastic, to allow the residents to pass, allowing all the dust to escape freely into the entire home area. Also, several ceiling tiles were removed to allow access for drilling, resulting in a loss of dust throughout the entire home area. One resident room was not accessible to residents on one day. The room was also noted to have dust all over resident beds and floor.

A box of tools was observed unsupervised in a home area and there was a blade sticking out of one of the tools, providing a potential risk for residents to be injured. The workers were leaving for the day and their tools had not been put away, inaccessible to residents. (169)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 20, 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 : 005

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living.
2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living.
3. The use of the PASD has been approved by,
i. a physician,
ii. a registered nurse,
iii. a registered practical nurse,
iv. a member of the College of Occupational Therapists of Ontario,
v. a member of the College of Physiotherapists of Ontario, or
vi. any other person provided for in the regulations.
4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.
5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).

Order / Ordre :

The licensee must ensure that when a PASD is used to assist with a routine activity of living is included in the plan of care only if the following are satisfied.

1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living for all residents using PASD's.

2. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

The plan shall be submitted by December 20, 2013 to Yvonne Walton by mail at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St., W., 11th Floor, Hamilton, ON L89 4Y7 or by email at yvonne.walton@ontario.ca.

Grounds / Motifs :

1. Seven out of seven residents were observed using bed-rails while in bed on three different days. All seven residents have a plan of care that identifies that both bed rails are to be raised when the resident is in bed. Documentation indicates that no alternatives to PASD had been tried,or their effectiveness, to assist the residents, according to their plans of care. This was confirmed the Director of Care and the lead for the falls/restraint committee.

The licensee did not ensure consents for the use of the PASD were obtained from the resident or substitute decision maker. This was confirmed the Director of Care and the lead for the falls/restraint committee. The clinical records confirmed there were not consents obtained. (169)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 03, 2014

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 17th day of December, 2013

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : YVONNE WALTON

Service Area Office /
Bureau régional de services : Hamilton Service Area Office