



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

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**

**Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255**

**Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 15, 2013	2013_189120_0075	H-000648- 13/H-000701 -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

BERNADETTE SUSNIK (120)

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): October 23, 24 and 25, 2013

During the course of the inspection, the inspector(s) spoke with administrator, director of care, maintenance, laundry and housekeeping staff, registered staff, personal support workers (PSW) and residents.

During the course of the inspection, the inspector(s) toured common areas, resident rooms, utility rooms, bathing rooms and the laundry room, reviewed laundry and maintenance policies, procedures and schedules, tested the exhaust system, reviewed resident care plans, observed laundry supplies, condition of furnishings, plumbing fixtures, flooring and other surfaces.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
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.)

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. 17.
Communication and response system**

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :



1. The resident-staff communication and response system is not available in every area accessible by residents. The main foyer where residents congregate did not have an activation station. [s. 17(1)(e)]

2. The resident-staff communication and response system was not properly calibrated so that the level of sound was audible to all staff.

The system speaker located on the 1N corridor wall, half way down the corridor from the nurse's station, was not functioning at the time of the visit and all of the sound emanated from the enunciator panel at the nurse's station. The 2N corridor did not have any speakers installed in the corridor and all of the sound emanated from the enunciator panel located at the nurse's station. When an activation stations were pulled and tested for audibility in 1N and 2N resident rooms, no sound could be heard. Staff reported that they are not able to hear the system alarm while working in bedrooms, washrooms or tub rooms. [s. 17(1)(g)]

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 to ensure that the resident-staff communication and response system is available in every area accessible by residents and that the system is properly calibrated so that the level of sound is audible to all staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87.

Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



The home did not address incidents of lingering offensive odours over a three-day period between October 23-25, 2013. The home's "Indoor Air Quality" policy addresses how to control odours by using deodorizers but does not address how to prevent and control odours using other methods.

Odours related to urine were noted in an identified bedroom and in seven identified washrooms as well as in both 1st and 2nd floor corridors. Some of the urine odours in the washrooms appeared to be emanating from under the toilets as no other source could be seen.

Odours were being masked by a heavy floral scent in the main lobby of the 1st floor and on the 2nd floor near the elevators. Dispensing systems were observed on the walls in these areas, creating a mix that was offensive with potential health side effects. Asthmatics and those with chemical sensitivities would be most affected. The home's policy titled "Indoor Air Quality" states that areas that have been provided with automatic air fresheners would be monitored to avoid any strong offensive odours or allergen irritations to staff and residents. The home has not considered using odour neutralizers to kill bacteria that cause odours and to ensure urine is promptly cleaned from furnishings and carpets.

Odours were offensive and prevalent in various corridors on both 1st and 2nd floors. Nursing staff who completed resident care were observed disposing soiled briefs into a fabric soiled linen bag which contained a plastic bag and was hanging on a wire frame with a lid in the corridors. The briefs were taken from the resident room loosely and not sealed in a plastic bag before depositing the brief in the hamper. The disposal system provided was inadequate at keeping odours contained (lid was not air tight). Staff reported that they were not allowed to keep plastic bags on their care carts and had used aerosol deodorizers in the past to mask the odours.

Seven identified resident washrooms were observed to contain receptacles without garbage bags in them and many of the receptacles were visibly soiled. Garbage and briefs were noted inside some of the receptacles contributing to some of the odours.

The exhaust system on the 2nd floor near the south wing (225, 229, 238, 230, 239) was noted to be poor, with minimal to no suction. Lack of adequate exhaust leads to lingering odours.



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Inspection Report under
the Long-Term Care
Homes Act, 2007

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Mattresses in two identified resident bedrooms were noted to have urine odours emanating from within their foam cores. Nursing staff are expected to clean the mattress covers 2x per week with a disinfectant. Residents report that their mattresses do not get adequately cleaned to remove urine odour on a daily basis. Urine has seeped down into the foam core on some mattresses used by residents who have incontinent issues. These mattresses are not able to be cleaned adequately to remove the odours.

[s. 87(2)(d)]

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 to ensure that policies and procedures are developed to address incidents of offensive and lingering odours, to be implemented voluntarily.

WN #3: 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, (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :



Face cloths and hand towels were not available in the home for use by the resident in sufficient quantities.

Observations were made in the morning and afternoon over a 3-day period of linen supplies on both 1st and 2nd floors. Each floor has 2 linen storage rooms and two bathing rooms. Storage rooms did not contain any linens with the exception of bed sheets. Bathing rooms contained plastic tote containers of hand towels, peri care cloths and face cloths. The containers in each bathing room held an unknown quantity of these items and were all mixed together. Staff reported that the linens are not folded or counted by laundry staff before it is delivered. Residents' rooms and washrooms were checked and they did not have any linens available to them for use. Several residents reported that they typically receive linens for morning and evening care only and that there have been shortages. Staff confirmed that linens are delivered to residents twice per day. Residents who would like to use a towel before or after lunch would have to resort to using paper towels which is not acceptable.

Laundry staff reported receiving soiled linens twice per day for laundering. This process requires that laundry staff wait for staff working on various floors to send the soiled linen to the laundry room before a laundered supply is returned. No additional washed supplies were available in the home. Laundry staff reported that they do not count linens to ensure that adequate amounts are provided to the residents. [s. 89(1)(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 to ensure that a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. The licensee did not ensure that there were schedules and procedures in place for routine, preventive and remedial maintenance.

Schedules were reviewed and noted to be developed for preventive maintenance checks (audits) for various surfaces in the home such as ceilings and floors which were to be conducted quarterly. However, no remedial schedules had been established to address the deficiencies found. Efforts over the last few months have been focused on training new maintenance staff and to address immediate maintenance concerns. Procedures were identified to be vague or not developed for some of the maintenance checks (i.e. plumbing, flooring, ceilings). The following deficiencies were observed:

Flooring material was chipped or lifted at the transition points between many of the resident bedrooms and bathrooms. No transition strips have been applied to prevent lifting and past attempts to glue the flooring down have failed. Issues identified in but not limited to rooms #221, 103 and 224 which had duct tape on the floor over the transition.

Ceiling tiles were missing in #219(bed), 124(Bath) and water stained in 102(Bath), 102 (Bed), 106(Bath), 107(Bath with mould), 126(Bath), 1st floor (in front of elevators and near room #115). Ceiling tile in #107 was observed with water damage during an inspection in March 2009. The source of the water leak appears to be ongoing. Mould growth on a ceiling tile is an indicator of a continuous water leak. Other tiles were dry indicating a one time leak, but had not been replaced.

The vanity in #125 (bath) was black in colour around the back side of the hand sink. It appeared dry at the time of inspection but was wet in the past, causing the discolouration. [s. 90(1)(b)]

2. The licensee did not develop and implement procedures to ensure that all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks.

The procedures that were developed did not provide staff any guidance in identifying plumbing fixtures, toilets, sinks and other washroom fixtures and accessories in poor condition (cracked, chipped, corroded, leaking) or how to prevent deficiencies such as corrosion and scale build-up on faucets etc.



Washroom faucets located in 103, 118, 126, 123 and 125 were observed to have worn chrome finishes with signs of rust or corrosion. These faucets along with many others were also observed to have a green precipitate (from copper oxidation) and hard water scale on the surfaces around the hot and cold water handles.

A shower head located in a stall in the 2nd floor tub room has not been adequately maintained. It was observed to be dripping. The stall appeared to be out of commission as the faucet valve had been removed and a shelving unit containing supplies was in the stall. Staff reported that the shower had not been used for many months.

A large chip was observed on the ceramic hand sink in #125 and out of the toilet tank lid in room #104. [s. 90(2)(d)]

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 to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

Issued on this 15th day of November, 2013

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

B. Susnik