



**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 3, 2015	2015_398605_0022	027068-15	Resident Quality Inspection

Licensee/Titulaire de permis

BAY HAVEN NURSING HOME INCORPORATED
499 HUME STREET COLLINGWOOD ON L9Y 4H8

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

BAY HAVEN NURSING HOME
499 HUME STREET COLLINGWOOD ON L9Y 4H8

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

SARAH KENNEDY (605), JUDITH HART (513), SLAVICA VUCKO (210), SUSAN LUI
(178)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 5, 6, 7, 8, 9, 13, 14, and 15, 2015.

The following complaint intake was inspected concurrently with this inspection: T-3039-15.

The following critical incident intake was inspected concurrently with this inspection: T-1822-15.

During the course of the inspection, the inspector(s) spoke with the Director of Nursing (DON), the Administrator, Registered Dietitian (RD), registered nursing staff, Activation Co-ordinator, dietary aide, Personal Support Workers (PSWs), Physiotherapy Assistant, residents, family members and substitute decision makers.

During the course of the inspection, the inspector(s) observed the provision of resident care and dining service, conducted a tour of the home, reviewed clinical and administration records and reviewed applicable home policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**



During the course of this inspection, Non-Compliances were issued.

- 3 WN(s)
- 2 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas.

It was observed during the initial tour, on October 5, 2015, that two doors labeled "Soiled Utility Room" were unlocked and not equipped with locks.

Further observation revealed that these rooms contained soiled continence products, disinfectant cleaner IV, Detol and detergent germicide deodorizer.

Interview with staff member #103 revealed that the Soiled Utility Rooms are non-residential areas.

Interview with the Administrator confirmed that the Soiled Utility Rooms are non-residential areas. The Administrator confirmed that the doors leading to the identified rooms are not equipped with locks and that the expectation is for all non-residential areas to be equipped with locks. [s. 9. (1) 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 to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE**Homes to which the 2009 design manual applies****Location - Lux****Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout****All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout****In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux****All other homes****Location - Lux****Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout****All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout****In all other areas of the home - Minimum levels of 215.28 lux****Each drug cabinet - Minimum levels of 1,076.39 lux****At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux****O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4****Findings/Faits saillants :**



1. The licensee has failed to ensure that the lighting requirements set out in the lighting Table to this section are maintained.

Interviews with resident #008 and his/her family member revealed that the resident and the family member both found the resident's room to lack sufficient lighting. Both the resident and his/her family member stated that the lighting in the room is insufficient for reading, even when the lights are on and the curtain is open.

Observations conducted with the home's Administrator, using the home's RCC 340 Illuminometer light meter, revealed that the lighting within the room near the resident's bed space measured from 61 to 243 lux. The areas around the resident's bed were between 61 and 81 lux. The area at the head of the resident's bed was 243 lux.

The home's Administrator confirmed that these readings do not meet the lighting requirements set out in the lighting table in the Long Term Care Homes Act (LTCHA) Regulations. [s. 18.]

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 lighting requirements set out in the lighting table are maintained, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



Specifically failed to comply with the following:

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

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. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the right of a resident to 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, is fully respected and promoted.

An observation on October 13, 2015, at 4:49 PM, revealed a Point of Care (POC) computer screen was left open and unattended in the main corridor of the East wing revealing personal health information. The screen displayed resident #009's name, date of birth, room number, care needs for restraints, transferring, personal hygiene, oral care, dressing, toileting/incontinent care, and mobility.

Interview with the DON confirmed that the POC screen was open and left unattended. The DON confirmed that resident #009's personal health information was visible to anyone walking down the hallway, and that staff did not log off POC to prevent the resident's health information from being visible. [s. 3. (1) 11. iv.]



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Issued on this 12th day of November, 2015

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

Original report signed by the inspector.