



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

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		Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection February 9, 10, 11, 2011	Inspection No/ d'inspection 2011_102_9504_08Feb090832	Type of Inspection/Genre d'inspection Complaint Log # O-002393	
Licensee/Titulaire Toronto Long-Term Care Homes and Services 55 John Street Metro Hall, 11 th Floor Toronto, Ontario M5V 3C6 Fax # 416 392 4180			
Long-Term Care Home/Foyer de soins de longue durée Bendale Acres 2920 Lawrence Avenue East Scarborough, Ontario M1P 2T8 Fax # 416 397 7067			
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a complaint inspection related to infection prevention and control and resident bathing.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, several Registered and non registered nursing staff, several residents.</p> <p>During the course of the inspection, the inspector: walked through resident care areas on 1st, 3rd, 4th and 5th floors; reviewed one resident's chart; reviewed the MDS-Nursing and Personal Care record for several residents; reviewed the Resident Council and Family Council meeting minutes for November 2010; reviewed the 24 hour shift reports for February on a 1st floor home area; reviewed the infection prevention and control program related to antibiotic resistant organisms (AROs); reviewed the policy Nursing and Personal Care Record NU-0211-11; checked the availability of personal protective equipment; checked the cleaning in tub and shower rooms.</p> <p>The following Inspection Protocol was used during this inspection: Infection Prevention and Control.</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>3 WN 1 VPC</p> <p>Previously identified unmet criterion M3.23, issued April 2010, is now in compliance.</p>			



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

Findings:

1. Sufficient privacy curtains to provide privacy are not provided in 2 resident bedrooms that are occupied by more than one resident. Curtains and curtain tracks are not provided to ensure privacy for each resident of the room.

Inspector ID #: 102

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 229(9). The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence based practices and, if there are none, in accordance with prevailing practices, and with access to point of care hand hygiene agents.

Findings:

1. Point of care hand hygiene agents are not provided for use in residents' bedrooms.
2. Staff does not carry hand hygiene agents into residents' bedrooms other than when nursing staff enter bedrooms with care carts that are equipped with bottles of hand hygiene agents.

Inspector ID #: 102

WN #3: The Licensee has failed to comply with O. Reg. 79/10, 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,
(b) is complied with.

Findings:

1. O. Reg. 79/10, s. 33 related to bathing is part of the organized programs of nursing and personal support services which is a required program under sections 8 to 16 of the Act. O. Reg. 79/10, s. 30 (1) requires that relevant policies and procedures be in place.

2. Bendale Acres policy NU-0211-11 "Nursing and Personal Care Record" states "Nursing and personal care shall be delivered and documented following the residents plan of care." The Procedure identifies that: "4. when care is not given as per the resident plan, staff record initials in the space provided and notify the RN/RPN at the time of occurrence. 5. The RN/RPN record initial in space provided to acknowledge receipt of information. 6. Document the change and the action for care in the progress notes." The policy and procedure is not being complied with by staff:

- Flow sheets and progress notes for one resident for the months of April 2010 to February 2011 were reviewed. On a number of dates, the flow sheets do not indicate that the resident received 2 showers per week as per the plan of care. Progress notes for the corresponding dates do not contain documentation as per the home's policy and procedure. Example: week of December 9 to 16, 2010: no entries in the flow sheet or the progress notes by registered or non registered nursing staff related to resident showers (or bathing).

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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 resident refusals related to bathing are documented as per the home's policy and that strategies are put in place to ensure that residents' hygiene needs are met, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: (if different from date(s) of inspection).

February 23, 2011