



**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**

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**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
Feb 13, 2014	2014_269530_0001	S-000428-13	Complaint

Licensee/Titulaire de permis

ST. JOSEPH'S CARE GROUP
35 NORTH ALGOMA STREET, P.O. BOX 3251, THUNDER BAY, ON, P7B-5G7

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

BETHAMMI NURSING HOME
63 CARRIE STREET, THUNDER BAY, ON, P7A-4J2

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

TANYA GAMMOND (530)

Inspection Summary/Résumé de l'inspection



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

**This inspection was conducted on the following date(s): February 5, 6 and 7,
2014**

Ministry of Health and Long-Term Care Log#: S-000428-13

During the course of the inspection, the inspector(s) spoke with Director of Care, Registered Nurses, Registered Practical Nurses, Maintenance Manager, Housekeeping Manager, Education Facilitator, Housekeeping Staff member, Residents and Family members.

During the course of the inspection, the inspector(s) conducted a tour of all resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed health care records of several residents and reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:

Medication

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.



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. 37. Personal items and personal aids

Specifically failed to comply with the following:

- s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,**
- (a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).**
 - (b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

Findings/Faits saillants :



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1. On February 5, 2014 at 0940hrs, the inspector observed the following:

- two unlabelled bedpans in shared washroom, in resident room.
- two unlabelled urinals in shared washroom, in resident room.
- one unlabelled urinal in shared washroom, in resident room.
- two used catheter bags, unlabelled, hanging on shelf in shared washroom, in resident room.

Feb 5, 2014 at 1550hrs- Inspector interviewed staff #107 and it was reported that bedpans should be labelled.

The licensee failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, (a) labelled within 48 hours of admission and of acquiring, in the case of new items. [s. 37. (1) (a)]

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 that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs



Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. During the tour of the resident care areas, on February 5th, 2014, inspector #530 found the clean utility room door ajar and unlocked. On the counter in the clean utility room, four containers of prescription creams were observed, belonging to three different residents.

In a resident room, two containers of prescription creams were observed on the dresser and in another resident room a prescription cream was observed to be in the shared washroom.

The licensee failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies that is secure and locked. [s. 129. (1) (a)]

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 that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies that is secure and locked, to be implemented voluntarily.



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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. On February 5, 2014, during tour of the resident care areas, inspector #530 observed unlabelled containers on the floor beside the toilets in resident shared washrooms with liquid and toilet brush inside. According to housekeeping staff #101, the liquid in the containers beside resident toilets is diluted cleaner called "Zep Natural". Housekeeper showed inspector the labelled bottle of cleaner "Zep Natural", which was labelled as corrosive. Phone interview conducted on February 7, 2014 with management staff member #109, stated " the cleaner is not supposed to be left out , the containers beside the toilet are to be left empty with toilet brush left in container".

The licensee failed to ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. [s. 91.]

Issued on this 13th day of February, 2014

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

Sanya Gammond RN Inspector #530