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

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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
Oct 30, 2015	2015_189120_0081	H-002129-15	Complaint

Licensee/Titulaire de permis

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

THE BRANT CENTRE
1182 NORTHSHORE BLVD. EAST BURLINGTON ON L7S 1C5

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 21, 22, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor, registered and non-registered staff, maintenance person and residents regarding laundry services, air temperatures and equipment maintenance related to lifts, tubs and the resident-staff communication and response system.

During the course of the inspection, the inspector reviewed maintenance polices and procedures, maintenance logs, lift and tub service records, annual lift inspection reports and daily check lists, pager logs, tested the resident staff communication and response system, observed the condition and quantity of linens, reviewed the lost and found process, measured illumination levels in corridors, toured the laundry room, 4 tub and shower rooms and various resident rooms.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Laundry
Accommodation Services - Maintenance
Personal Support Services
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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. 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 licensee did not ensure that the home was equipped with a resident-staff communication and response system that clearly indicated when activated where the signal was coming from.

The home's resident-staff communication and response system (RSCRS) was designed to include three integrated components, pagers/phones, a designated phone console (located at each nurse's station) and individual activation stations located in resident bathrooms, rooms and common areas. The three components function simultaneously when a station is activated. The phone console rings at the nurse's station identifying the location of the activated station, dome lights above each resident room, dining room and lounge door light up and pagers carried by personal support workers (PSW) vibrate or sound and visually identify the location of the activated station.

During the inspection on October 21, 2015, the RSCRS was tested in various home areas and the pager component of the system was not fully functional as pagers were not available. Three PSWs did not have a functioning pager on their person in the Hidden Valley (#1106), Port Nelson (short shift worker) and Spencer Creek (#1103) home areas. A back up pager was not available for them. The pager tracking log (completed by PSWs when a pager is picked-up and returned) revealed that other pagers were "not available" or "not working" in the Indian Point (#1122 - Aug 25-27, 2015), Appleby (#1134 - Sept. 7-9/15) and Hidden Valley (#1110 - Oct. 16-18/15) home areas. No documentation identified whether PSWs were given a back-up pager. According to the Environmental Services Supervisor, pagers #1106 and #1103 were not available since the end of September when they were sent away for repair along with many other back-up pagers. Other back-up pagers were available in the home, but could not be programmed to operate in alternative areas of the home when or where required.

In order for the system to be fully compliant, all PSWs working with residents on any shift are required to carry the pager in order to be alerted to the location of a resident, staff or visitor requiring assistance. [s. 17(1)(f)]

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 (pagers) clearly indicate when activated where the signal is coming from, 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 did not ensure that the lighting requirements set out in the lighting table were maintained in the home's corridors.

The home was built prior to 2009 and therefore the section of the lighting table that was applied is titled "In all other areas of the home". A hand held analogue light meter was used (Sekonic Handi Lumi) to measure the lux levels on floors 2-4, specifically in the section of corridor that connected one home area to the other, in front of the elevators. The meter was held a standard 30 inches above the floor and held parallel to the floor. No windows or natural light sources influenced the readings. The corridors were each equipped with 6 recessed pot lights across a span of approximately 14 feet. A lux of 100 -150 was achieved while walking under and between the lights on the 4th floor and slightly higher at 150-200 lux on the 3rd floor. The age of the light bulbs and type of bulb will affect the level of illumination. The required minimum level of illumination for corridors is a consistent and continuous level of 215.28 lux. [s. 18]

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. (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).

Findings/Faits saillants :

1. As part of the organized program of maintenance services under clause 15(1)(c) of the Act, the licensee did not ensure that there were procedures in place for preventive maintenance related to the resident staff communication and response system, tubs and portable ceiling lifts.

The home's maintenance manual was reviewed with the Environmental Services Supervisor (ESS) and no written procedures were available to guide maintenance or designated staff in monitoring, maintaining or repairing the staff communication and response system (RSCRS)and their bathing tubs. Written procedures were available for the monitoring and maintenance expectations for their portable ceiling lifts, however no

written procedure was available regarding the safety checks that were being completed by staff and any directions required of them when not functioning and the availability of alternative equipment to ensure resident needs continue to be met.

Based on the complaint, ceiling lifts and tubs were not always in good working order in 2014 and early 2015, creating inconveniences for both the resident and staff with respect to acquiring a functioning ceiling lift or arranging to bathe the resident in a different tub. Maintenance logs completed by staff in late 2014 and early 2015 confirmed that tubs in several home areas leaked, lifts did not work for a variety of reasons and that pagers were "not available" or "broken".

A remedial process appeared to be in place for the tubs, lifts and the pagers, as the issues were rectified either on the same day or within several days as per the available service reports and documentation kept by the ESS. Daily maintenance logs kept at each nurse's station were reviewed and noted to include deficiencies and follow up actions for most listed items, including lifts, tubs and pagers. Pagers however were not always quickly replaced or alternatives provided and the response noted in the logs for some malfunctioning lifts was non-informative.

According to the ESS, the home's preventive program included annual inspections of the lifts (by a contracted service provider), monthly checks of the RSCRS by maintenance staff and daily checks of the pagers and lifts by non-registered staff. However, no check lists or documents could be provided regarding bathing equipment checks that were reported to have been conducted monthly by maintenance staff.

Inspection check lists dating back to June 2015 were reviewed and it was noted that staff completed the forms on a daily basis for pagers and lifts. However, the lift inspection forms completed by staff was missing inspection dates and/or equipment identifiers such as a serial number or unit identification number. No daily inspection check list for a one of the two ceiling lifts located in the Hidden Valley home area could be located for the entire month of October 2015. The second ceiling lift check list did not have a serial number on the sheet to verify that staff inspected the correct lift each time. The forms for the pagers and the lifts did not include any follow up actions when a pager or a lift was found to be non-functional and where the worker transferred the disrepair to the maintenance log, the response was non-informative or vague.

A discussion was held with the Administrator and ESS regarding the need to ensure that all inspection check lists are clearly marked with dates, name of auditor and location of

the equipment along with an identifier such as a serial number or unit number. Identified that clear written procedures that includes all aspects of their maintenance program (remedial and preventive) regarding bathing equipment, lifts and the RSCRS was not developed or in place. [s. 90(1)(b)]

Issued on this 2nd day of November, 2015

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

Original report signed by the inspector.