



Draft #7
Ontario

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

**Rapport d'inspection
prévus 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**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 21 and 22, 2010	2010-120-2636-22OCT082117	L-01804 Follow-up to March 2, 5 & 10, 2010

Licensee/Titulaire

Caressant-Care Nursing and Retirement Homes Limited, 264 Norwich Ave., Woodstock, ON N4S 3V9

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

Caressant Care Woodstock Nursing Home, 81 Fyfe Avenue, Woodstock, ON N4S 8Y2

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

Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance made under Ontario Regulation 832/90, s. 21(1) related to maintaining the home in a clean and sanitary state and in a good state of repair. A follow-up inspection was also conducted to previously issued non-compliance which was made under the Ministry of Health and Long-Term Care Homes Program Standards Manual with respect to the following unmet criteria;

O1.9 (Pest Control), O4.14 (Linen quality), O3.1 (Housekeeping), M3.3 (Safety Systems) and M3.21 (Infection Prevention and Control)

During the course of the inspection, the inspector spoke with the administrator, maintenance staff, director of care and nursing staff. The inspector also conducted a walk-through of the building and measured lighting levels, tested the perimeter and stairwell door access control systems, inspected many resident bedrooms, washrooms, dining areas, common bathing areas and reviewed documentation.

The following Inspection Protocols were used:

- Accommodation Services – Laundry
- Accommodation Services – Maintenance
- Accommodation Services – Housekeeping
- Infection Prevention and Control
- Safe and Secure Home

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

6 WN
5 VPC

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 5.

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.

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.)

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-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 the LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a)& (c). Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary, and
- (c) the home, furnishings and equipment are kept in a good state of repair and safe for use.

Findings:

1. Heavy dust accumulations on wardrobe tops, heaters, overbed light surfaces in resident bedrooms and on exhaust grills in resident washrooms. Dusty heaters noted in activity rooms and lounge spaces.
2. Heavy scale accumulations noted on the interior of the dishwashers located in the serveries.
3. Dust accumulation noted on the ceiling of both serveries located in the A wing, 1st and 2nd floors.
4. Lower cabinet surfaces are visibly soiled (liquid splatter) in the B wing servery.
5. Heavily soiled wheelchair noted in 1st floor B area dining room over a two-day period.
6. Dining chairs soiled in B wing dining room over a two-day period.
7. Dirty call bell string in #213, 205, 30
8. Stained privacy curtains noted in 3, 4, 25, 36, 39, 40
9. Tub lift seats, undersides covered in residue in 2 out of 3 tub rooms.
10. Shower chairs, around legs and leg rest platforms are not clean, pink/yellow residues evident.
11. Paint peeling from walls, doors and door frames in resident rooms in all areas of the home.
12. Exhaust motor responsible for the entire 2nd floor not functioning and the motor in the hair salon not functioning. Odours were prevalent in and around the hair salon. Air was stuffy and moist in the bathing areas more than an hour after use. Malfunction was raised with maintenance personnel who were unaware of the problem. The exhaust system is not on a preventive maintenance check.
13. Floor tiles in the activity room on the 2nd floor are cracked and lifting (25+ tiles) and tiles are lifting in E43 washroom.
14. Light pulls missing from resident overbed lights in resident rooms 4, 10, 11, 12, 40, 29, 30, 32, 33, 117, 128 and others.
15. Toilet seats loose in washrooms #15, 101, 102, 109, loose raised seats in #3, 4 & 43 and loose grab bars noted on toilet frame in #33.
16. Many call cords located in washrooms are too long, wrapped and bundled on the floor 205, 209, 212, 213, 216, 217, 219, 221, 220 which may cause a tripping hazard.

Previously issued as Criterion O3.1 under the MOHLTC Homes Program Standards Manual and as an Area of Non-Compliance under s. 21(1) of Ontario Regulation 832/90.

Additional Required Action:

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 with s.15(2)(a) & (c) in respect to ensuring that the home, furnishings and equipment are kept clean and sanitary, kept in good repair and safe for use, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s.86(2)(b). The infection prevention and control program must include,

(b) measures to prevent the transmission of infections.

Findings:

1. Based on discussions with nursing staff of the home, the frequency of cleaning and disinfecting washbasins is limited to once per week. The home's policy also indicates that the frequency is limited to once per week. Washbasins/bedpans were either identified with water sitting in them, some had heavy scale build-up in them (from evaporated water and lack of proper cleaning) or identified to have either fecal or urine residues on them (i.e rooms #16, 38, 29, 221). The frequency is deemed to be insufficient and not in keeping with best practices to prevent the spread of disease causing organisms and thereby the transmission of infections.

Previously issued as Criterion M3.21 under the MOHLTC Homes Program Standards Manual.

Additional Required Action:

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 with s.86(2)(b) in respect to ensuring that the infection prevention and control program includes measures to prevent the transmission of infections, to be implemented voluntarily.

WN #3: 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. Privacy curtains in #32, 30, 2nd floor tub room, do not extend track end to track end.
2. The window drapery in #17, 18 and 19 are very short, approximately 5-8 inches above the level of the window sill, compromising privacy.

WN #4: 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.

Location	Illumination level
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 215.84 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

Findings:

Illumination levels are not a continuous 215.28 lux in the corridors of the south, east and north corridors of the B wing. Light fixtures are set too far apart to provide consistent and continuous lighting. Levels were measured with a light meter with the following results:

- South corridor - between light fixtures set 16 feet apart – 50 lux
(directly below a light fixture 500 lux)
- North corridor - between light fixtures set 16 feet apart – 25 lux
(directly below a light fixture 320 lux in front of room #1 and 150 lux in front of room #2)
- East corridor - between light fixtures set 16 feet apart – 50 lux
(directly below an opaque light cover – 200 lux and 400 lux under a clear light cover)

Additional Required Action:

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 with s.18 in respect to ensuring that the lighting levels set out in the lighting table to this section are maintained, to be implemented voluntarily.

WN #5: The licensee has failed to comply with O. Reg. 79/10, s. 72(7)(a). The licensee shall ensure that the home has and that the staff of the home comply with,

- (a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service.

Findings:

1. White small buckets containing a pink powder were identified in several serveries which did not have mixing instructions on the labels for the concentrated Diversol sanitizing powder. Dietary staff identified that they do not use any measuring tools to mix the product into water and no measuring tool was observed in the small buckets or in the serveries. Sanitizer noted to be over concentrated (based on colour and litmus test) in the spray bottles. Underdiluted sanitizer is not safe for use on food contact surfaces and may harm workers.
2. Dishwasher in the main kitchen not being operated according to manufacturer's instructions. The wash and rinse water was recorded at 79°C and sodium hypochlorite as a sanitizing agent was being injected into the system at the same time. Strong chlorine vapours were present in the kitchen. Chlorine vapours are corrosive and may harm workers. The dishwasher rinse temperatures must not exceed 60°C if a chlorine agent is being used.

Additional Required Action:

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 with s.72(7)(a) in respect to ensuring that policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service are available and that staff comply with them, to be implemented voluntarily.

WN#6: The licensee has failed to comply with O. Reg. 79/10, s. 17(1)(g). Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(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.

Findings:

The sound system is not properly calibrated so that the sound is audible to staff throughout the B section of the building. The South wing has 1 speaker located in the ceiling near room #17, the East wing has 2 speakers near rooms #36 and #40 and the North wing has 2 speakers near rooms #3 and #5. There is no other sound generating equipment in the B section. The speaker above the door to room #5 is quite loud and the speaker above the door to #3 is very quiet. The sound generated from these speakers are generally quiet and cannot be heard well when in the South wing (as there is only 1 speaker). Upon entering a resident washroom or bedroom, the system is not audible. The speaker located outside resident room #5 is annoying and may aggravate residents.

Additional Required Action:

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 with s. 17(1)(g) in respect to ensuring that the home is equipped with a resident-staff communication and response system that, (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 all staff, to be implemented voluntarily.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criterion O1.19, under the LTC Homes Program Standards Manual, now found in O. Reg. 79/10, s.87	N/A	N/A		145
Criterion O4.14, under the LTC Homes Program Standards Manual, now found in O. Reg. 79/10, s.79.	N/A	N/A		145
Criterion M3.3, under the LTC Homes Program Standards Manual, now found in the LTCHA, 2007, S.O., 2007, s. 5.	N/A	N/A		145

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).

B. Susnick
Jan. 17/11