

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: September 9, 2024

Inspection Number: 2024-1260-0002

Inspection Type:

Complaint

Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP

Long Term Care Home and City: Cedarvale Lodge Community & Retirement Living, Keswick

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 26 - 28, 2024

The following intake(s) were inspected:

- A complaint related to falls prevention and management.

The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Staffing, Training and Care Standards
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that an intervention was applied for resident #001 as specified in their plan of care.

Rationale and Summary

A complaint was reported to the Director related to a fall sustained by resident #001.

The resident's care plan indicated that as part of the fall interventions, a specific equipment was to be applied. Further documentation related to the resident's fall recorded by Registered Practical Nurse (RPN) #110, indicated that at the time of the fall, that specific intervention was not applied.

The Director of Care (DOC) confirmed that at the time of the fall, the intervention was not applied as directed by the care plan of resident #001.

Failing to ensure the falls prevention intervention for resident #001 was applied, increased their risk for injury.

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Sources: Resident #001's health records, and interview with DOC.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the home was maintained in a safe condition and in a good state of repair.

Rationale and Summary

Throughout the inspection, it was observed the cleanliness of the home including hallway areas, common areas, resident bedrooms, and bathrooms had the appearance of being unclean with spills and splatters marks of liquid and debris. The floors in several areas appeared dirty and some sticky. It was also noticed a lingering urine smell in the different hallway areas.

The home's Cleaning Frequencies Housekeeping policy, directed the Director of Environmental Services (DES) or designate to review job routines on a regular basis to ensure frequencies met the needs of the residents in each resident home area/neighbourhood, and to monitor for compliance by completing environmental audits and daily rounds. Additionally, they indicated that the housekeeping team was to notify the DES by the end of shift if a cleaning procedure was not completed as per schedule.

Review of the housekeeping audit binder for the year 2024, confirmed the home's

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housekeeping auditing process was not consistent. There were not records related to housekeeping audits for several months. Additionally, audits completed on a specific date demonstrated that in the different resident home areas repairs were to be completed.

HA #103 indicated there was no follow up by management when cleaning procedures were not completed as per schedule. Furthermore, the ED confirmed there was not consistent monitoring for compliance of the environmental audits and daily rounds.

Failing to maintain the home in a safe, sanitary, and good state of repair placed all residents at increased risk for safety.

Sources: Observations, housekeeping records, and interviews with staff.

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. 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.

The licensee failed to ensure all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

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Rationale and Summary

During an inspection of the Long-Term Care Home (LTCH) it was observed on several occasions, that the door of the small room located near the large dining room and the resident common area, was kept open. Inside the room it was observed staff's personal belongings, food items, and beverages. A charging electric system was also observed inside the room. Residents were observed in the surroundings.

Personal Support Worker (PSW) #104 was observed entering the room with a cup of coffee. Upon interview, the staff confirmed the room was being used to store their personal belongings. Staff indicated on the second floor, there was a designated staff room to take breaks and leave their belongings. The PSW indicated the charging station was for the batteries of the portable mechanical lifts. Furthermore, the PSW indicated the door to the room should be kept closed.

The Executive Director (ED) confirmed during a tour of the LTCH units, that the door was kept open, and indicated the door should be kept closed at all times. Additionally, it was confirmed by the manager that staff were utilizing the room as their storage room.

There was risk of safety to the residents of the LTCH, when the door to the storage room was kept open.

Sources: Observations, and interviews with staff.

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WRITTEN NOTIFICATION: Safe storage of drugs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

The licensee failed to ensure that the medication cart was secure and locked.

Rationale and Summary

During the inspection, it was observed that in the common resident area, one of the medication carts was left unlocked and unsupervised by the staff. Residents were observed in the surroundings.

Registered Nurse (RN) #107 confirmed that the medication cart was left unlocked and unattended. Additionally, the nurse indicated that the medication cart should always remain locked when it is unsupervised.

Failure to keep the medication cart locked when unsupervised posed a risk to the safety and well being of residents.

Sources: Observation, and interview with RN #107.

COMPLIANCE ORDER CO #001 Housekeeping

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a)

Housekeeping

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s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. The Director of Environmental Services (DES) in collaboration with the Executive Director (ED) will develop and implement housekeeping procedures for cleaning and disinfection practices throughout the home.
2. The cleaning and disinfection procedures shall be made available to the inspector immediately upon request.
3. Provide re-education to all housekeeping staff on the developed procedures related to cleaning and disinfection.
4. Record details on who provided the education, what the education consisted of, the time, date and names of staff who attended education. Make this record available to the Inspector immediately upon request.
5. The DES or ED shall audit the cleaning and disinfection practices in all resident home areas. The audit shall be completed three times a week, including

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weekends, on the day and evening shifts, for a period of eight weeks indicating specifically what practice was observed, and what corrective actions, if any, were taken.

6. The DES or ED shall audit for offensive odors, in all resident home areas. The audit shall be completed three times a week, including weekends, on the day and evening shifts, for a period of eight weeks, and what corrective actions, if any, were taken.

7. Make the audits available to the inspector immediately upon request.

Grounds

The licensee failed to ensure that housekeeping procedures were implemented regarding cleaning and disinfection practices for the home.

Rationale and Summary

Throughout the inspection, it was observed the cleanliness of the home including common areas, resident bedrooms, and bathrooms. It was identified that the baseboard wall trims around the hallways had the appearance of being unclean with spills and splatters marks of liquid and debris. The floors in the hallway areas, dining rooms and multiple resident bedrooms, appeared dirty and some sticky. It was also noticed a lingering urine smell in the different hallway areas.

The inspector was informed the home's Director of Environmental Services (DES) was not on site, and the ED was the delegated manager for the housekeeping department.

Review of the "Housekeeping Cleaning Frequency Schedule", indicated that resident rooms and washroom were to be cleaned daily, common areas required

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daily cleaning, shower and tub rooms' floors required cleaning twice daily, dining rooms were to be sweep and spot mop after every meal, and mop floors after each use.

An interview with Housekeeping Aide (HA) #103 indicated they were the only assigned staff for housekeeping during their shift, and they couldn't complete their cleaning frequency schedule during their shift. Furthermore, the housekeeping aide confirm the LTCH's units were in an unclean condition, and this was a common situation. The staff informed there was not a document tool designated for the housekeeping staff to track which home areas, including resident rooms were not cleaned during their shift.

During a walkabout on the home's units with the ED, they confirmed that dining room floors were not cleaned after the lunch service, hallways and residents' rooms appeared to be unclean with sticky floors, and the baseboard wall trims around the hallways had the appearance of being unclean with spills and splatters marks of liquid and debris.

By not ensuring procedures were implemented regarding the cleaning and disinfection practices for resident rooms and common areas, including flooring, there was a potential risk for the spread of infectious agents. Residents were also placed at risk of not being able to enjoy the living environment within the home areas due to unclean conditions.

Sources: Observations, review of the Cleaning Frequency Schedule, and interviews with staff.

This order must be complied with by October 31, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor

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Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.