



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Dec 12, 2016	2016_292592_0025	013448-16	Resident Quality Inspection

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

Chartwell Lancaster Long Term Care Residence
105 MILITARY ROAD NORTH P.O. BOX429 LANCASTER ON K0C 1N0

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

MELANIE SARRAZIN (592), LISA KLUKE (547)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 24, 25, 26, 27 and 28, 2016

The following critical incidents reported by the home and a follow-up to a compliance order #001 was also inspected concurrently during this inspection:

Two critical incidents log# 023740-16 and log #027864-16 related to alleged resident to resident abuse

One critical incident log #024287-16 related to a resident who had a fall with injury and

One follow-up to compliance order #001 log #026703-16 related to lingering offensive odors

During the course of the inspection, the inspector(s) spoke with residents, family members, President of Residents Council, President of Family Council, a housekeeper, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), a maintenance worker, Behaviour Supports Ontario (BSO) lead, a geriatric outreach staff, Program Manager, Director of Care (DOC) and the Administrator.

In addition, the inspection team toured the home, reviewed the resident health care records, resident council minutes, housekeeping and cleaning schedule relating to management of odors, reviewed the home's investigations into critical incidents reported by the home. Policies related to infection prevention and control and falls prevention program were reviewed. The inspection team observed aspects of resident care and interaction with staff, along with medication administration and infection prevention and control practices.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 87. (2)	CO #001	2016_381592_0018		592

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 229. Infection prevention and control program
Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

The licensee has failed to ensure that all staff participates in the implementation of the home's Infection Prevention and Control program.



On October 24, 2016 Inspector #592 observed one resident night catheter drainage bag hanging from a hook under the counter of the sink in a resident shared bathroom. The connection junction for the catheter drainage tubing was noted to be uncapped to protect the connection junction from contaminants. The uncapped catheter drainage tube was observed to be resting on a soiled facecloth hanging from the grab bar.

On the next day, Inspector #592 observed the same resident night catheter drainage bag hanging from the hook under the counter of the sink resting inside the garbage container. The connection junction for the drainage tubing was noted to not be capped to protect the connection junction from contaminants. The uncapped catheter drainage tube was also resting inside the garbage container. The garbage container at the time of observation contained soiled papers and other soiled materials.

On October 25, 2016 PSW #101 indicated to Inspector #547 during an interview, that PSW staff were responsible to change the resident day and night catheter bags. PSW #101 also indicated that PSWs were to clean the catheter bags with a vinegar/water solution, rinse and then hang them to dry in the bathrooms on the hooks used for urinals under the sinks. PSW #101 further indicated that a cap needs to cover the connection junction for the drainage bags to prevent infection. PSW #101 indicated that since the resident night catheter bag is no longer capped, it would need to be thrown out and a new catheter bag needs to replace the contaminated one.

On October 25, 2016 Inspector #547 interviewed the Director of Care (DOC) regarding the home's expectations for catheter drainage bag cleaning and storage. The DOC indicated as part of the home's infection prevention and control program, procedures are in place for infection preventions. The catheter drainage bags can be stored on the urinal hooks in the bathroom after they have been cleaned as long as the garbage container is not in the area close to the catheter drainage bag and that the connection junction to the drainage tubing is capped for infection control purposes. The DOC indicated that she will review the cleaning and storage of the catheter drainage bags with personal support staff based on the home's policy and procedures. The DOC further indicated that PSW's were aware that they have to cap the catheter connector junctions after the catheter drainage bags have been properly disinfected to avoid any contamination to residents.

On October 24, 2016 Inspector #547 observed two unlabelled used urinal containers inside resident #006's shared bathroom located on the counter of the sink. Three unlabelled used urinal containers were observed in resident #007, #008 and #009 shared bathroom located on the counter of the sink.



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On October 25, 2016 the DOC indicated that as part of the infection prevention and control program in the home that resident urinals are supposed to be labelled to identify which resident uses the urinal. The DOC further indicated that the resident urinals are stored on hooks under the counter of the sink for each resident and were not to be located on the top of the counter near the resident's sink for infection control purposes.

Issued on this 12th day of December, 2016

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

Original report signed by the inspector.