



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

**Rapport d'inspection
prevue 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 of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 10 & 11, 2011	2011-120-2721-10Jan170631 2011-171-2721-10Jan115101 2011-127-2721-10Jan111830	H-03066 - Critical Incident

Licensee/Titulaire

Clarion Nursing Homes Limited, 337 Highway #8, Stoney Creek, ON, L8G 1E7

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

The Clarion Nursing Home, 337 Highway #8, Stoney Creek, ON, L8G 1E7

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

Bernadette Susnik, Environmental Health #120, Richard Hayden, Environmental Health #127
Elisa Wilson, Dietary #171

Inspection Summary / Sommaire d'inspection

The purpose of this visit was to conduct an inspection related to a Critical Incident (#2721-000013-10) that occurred on December 13th, 2010 related to a loss of power. This report also includes non-compliance that is unrelated to the critical incident which was identified during the walk-through of the home.

During the course of the inspection, the above noted inspectors spoke with the Administrator, Director of Care, Environmental Services Supervisor, Food Services Supervisor, Housekeeping/Laundry Supervisor, maintenance, dietary and nursing staff and residents.

During the course of the inspection, the inspectors measured the level of illumination in tub rooms, checked the exhaust system, inspected the kitchen, randomly reviewed resident rooms, washrooms, lounge spaces, dining areas, utility rooms, laundry room, reviewed emergency contingency plans for the home, menus, refrigeration and food temperature charts and the food and supply list.

The following Inspection Protocols were used during this inspection:

- Safe and Secure Home
- Critical Incidence Response
- Accommodation Services - Maintenance

Findings of Non-Compliance were found during this inspection. The following actions were taken:

5 WN
3 VPC

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 O. Reg. 79/10, s. 230(1), s. 230(3)(b), s. 230(4)1.&4., s. 230(5), s. 230(6), s. 230(7).*

230(1). This section applies to the emergency plans required under subsection 87(1) of the Act.

- (3) In developing the plans, the licensee shall,
- (b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.
- (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with,
 - ii. community disasters,
 - iii. violent outbursts,
 - v. medical emergencies,
 - vi. chemical spills,
 4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency.
- (5) The licensee shall ensure that the emergency plans address the following components:
1. Plan activation.
 2. Lines of authority.
 3. Communications plan.
 4. Specific staff roles and responsibilities.
- (6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information.
- (7) The licensee shall,
- (a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency;
 - (b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency;
 - (c) conduct a planned evacuation at least once every three years; and
 - (d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

Findings:

- The emergency contingency binder does not have plans dealing with community disasters, violent outbursts or chemical spills.
- Emergency plans do not indicate the resources, supplies and equipment vital for the emergency response being set aside and readily available in the home. The plans did not indicate which agencies or what resources will be available or involved in responding to the emergency.
- The emergency plans related to power loss (and other emergencies) did not address specific staff roles and responsibilities, lines of authority, when the plan is to be activated or a communications plan. Very little information was available in the plan to guide the staff of the home when a power loss occurs. For example,
 - no staff member was assigned to monitor and record the air temperatures during the power outage and criteria not established as to when to evacuate residents when no heat is available.
 - the exit doors were not monitored and no alternative to the use of magnetic locks was established (battery alarms), instead they were blocked with furniture.
 - no alternatives were offered as to how residents are to alert staff during an outage when the nurse call system is inoperational
 - no guidance established as to how emergency lighting will be maintained after battery power fails.
 - No guidance as to how residents will be managed when their air mattresses become deflated, how vaccine will be maintained at required temperatures, how foods will be maintained at or below 4°C
 - No guidance established as to how natural gas appliances are to be monitored or vented when in use during a power outage (exhaust hood is not functional during a power loss) and carbon monoxide detectors not available.
 - No guidance established as to who has access to storage facilities for emergency supplies and who will retrieve the items when needed. This locked area is in the adjoining residence and only specific people have keys to the area.
- The emergency plans are not reviewed, evaluated and updated on an annual basis. The power loss, loss of natural gas, bomb threat, missing residents, loss of magnetic door locks were all last reviewed in January 2009, with no revisions. The food service's emergency equipment and supplies policy was last revised in July 2009. There are items on this list that are not available in the food service department such as a radio with batteries, walkie-talkies and a first aid kit. Emergency contact information headings are on the document but no names or numbers are included.

Inspector ID#:	127, 120, 171
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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 in respect to ensuring that emergency plans identify all possible hazards impacting the home, that they deal with the regulatory required hazards, that they identify who will respond to the emergencies, are tested, complete, reviewed, evaluated and updated on an annual basis and that a written record is kept of any changes made to the plan after mock evacuations or testing of the plans, to be implemented voluntarily.

WN#2: *The licensee has failed to comply with O. Reg. 79/10, s. 72(3)(b).* The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, prevent adulteration, contamination and food borne illness.

Findings:

The Home was without power for approximately 13 hours on December 13, 2010. There was one working gas oven and stove top for meal preparation. None of the refrigerators or freezers were operational during the power outage. Measures were not taken to ensure that food temperatures were maintained within a safe range (below 4°C) to prevent food borne illness. The temperatures of the fridge and freezer were not documented on December 13, 2010 at 0600 as required on the tracking log or at any other time throughout the 12 hour period that the power was out. The temperatures of the foods were not documented before the food was served in the 2nd floor dining room for breakfast or for lunch on December 13, 2010.

Inspector ID#: 171

WN#3: 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	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 215.84 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:

Both tub rooms located in the home were tested with Handi Lumi light meter for illumination levels. Both tub rooms contain 2 pot lights and one covered fluorescent tube light over the sink. Directly under each pot light, the level was recorded to be 125 lux. As the meter was moved away the level dropped dramatically to 25-50 lux. The level under the sink was measured to be 500 lux. The level of illumination over the toilet areas was zero. The general lighting levels do not meet a minimum level of 215.84 lux throughout the room. Other areas of the home were not tested at the time of the inspection. The lighting levels throughout the home have not been evaluated by the staff of the home.

Inspector ID#: 120

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 in respect to ensuring that the lighting levels in the above Table are maintained, to be implemented voluntarily.

WN#4: The licensee has failed to comply with the LTCHA 2007, S.O. 2007, s.3(1)8. Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

Findings:

Privacy curtains located in #106 and in other rooms located on 2nd floor are very short in length. They barely meet the top of the mattress and compromise the residents privacy needs for the lower half of the body (i.e when they are sitting on their beds). Neither shower room has a privacy or shower curtain (ceiling track available). The shower room door is directly outside of a sitting area and the shower stall is fully visible when the door is opened. The home does not have any replacement curtains available and no back-up supply.



Inspector ID#:	120
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WN#5: 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;

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair

- Findings:**
- Many electrical baseboard heaters located in resident rooms are rusty and difficult to clean.
 - The exhaust system located in the visitor washroom on the 2nd floor and in the tub room on the 2nd floor were both identified to be non-functioning (no suction).
 - Wall surface is eroding behind the dishwasher in the main kitchen and is not smooth and easy to clean.
 - Floors dirty under dishwasher, full of accumulated debris
 - The main kitchen dishwasher interior was noted to be covered in a heavy layer of scale.
 - Many exhaust grilles in washrooms, utility rooms and in tub/shower rooms are very dusty.
 - Numerous dead insects noted in the light covers in the 2nd floor lounge.
 - Residue noted on the underside of tub lift seats in both tub rooms.
 - Loose toilet seats identified in the 1st floor tub room, 1st floor shower room, 1st floor common washroom, and in many identified resident washrooms.

Inspector ID#:	120
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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 in respect to ensuring that the home, furnishings and equipment are kept clean and sanitary and that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

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). <i>April 15/11</i>