



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 29, Nov 7, 14, 2012; 2012_178102_0003; Complaint

Licensee/Titulaire de permis

COMMUNITY LIFECARE INC
1955 Valley Farm Road, 3rd Floor, PICKERING, ON, L1V-1X6

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

COMMUNITY NURSING HOME (PICKERING)
1955 VALLEY FARM ROAD, PICKERING, ON, L1V-3R6

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

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Environmental Manager, several staff members, visitors and residents.

During the course of the inspection, the inspector(s) checked many resident areas in the older sections of the long term care home for moisture infiltration during a period of wet weather. During the inspection, issues that were not related to the complaint were identified including security systems, privacy curtains and access to point of care hand hygiene agents. The onsite inspection occurred on October 29, 2012.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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 subsections:**

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;**
- (b) is on at all times;**
- (c) allows calls to be cancelled only at the point of activation;**
- (d) is available at each bed, toilet, bath and shower location used by residents;**
- (e) is available in every area accessible by residents;**
- (f) clearly indicates when activated where the signal is coming from; and**
- (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. In several areas of the long-term care home, the resident-staff communication and response system can not be easily seen, accessed and used by by residents, staff and visitors:
 - pull cords were missing from activator switches provided in the activity room across from rooms P 1 / P3; in the lounge at the end of "Pine" wing; and from 3 switches located within the "Knotty Pine" and "Linden" dining rooms. The switches are difficult to access without the cords due to their height above the floor surface, most are in excess of 60 inches.
 - pull cords connected to activator switches at a tub and a toilet in the Pine wing's "Bathing Area" are not accessible to residents and/or staff at the toilet and the bath tub. The cords are "out of reach" when using either fixture.
 - activator switches are located behind doors in the lounge across from the Linden nursing station and in the activity room located across from rooms P1/P3. [s. 17.(1)(a)]
2. The resident staff communication and response system provided in the "Pine" wing uses sound to alert staff. The level of sound was not audible to staff when the "tone off" button was activated on the audio visual panel that is provided at the Pine wing nursing station. The tone off button allowed the audio component of the calls to be shut off. [s. 17.(1)(g)]



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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 to ensure that the resident-staff communication and response system activator switches can be easily seen and accessed in all areas of the home; and that the sound for active calls on the system remains audible to staff until cancelled at the point of activation, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home
Specifically failed to comply with the following subsections:**

- s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
 - 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
 2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
 3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
 4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

1. The audible tone for the resident accessible door leading from the Pine wing corridor to the outside can be silenced by pressing the "tone off" button on the audio visual panel at the nursing station located within the wing.
The door is not equipped with an audible door alarm that allows calls to only be cancelled at the point of activation.
2. The resident accessible door leading to/from the long term care home into the attached retirement home is not equipped with an audible door alarm; and is not connected to the resident-staff communication and response system or to an audio visual enunciator at the closest nursing station.
The attached retirement home is not a secure area outside of the long-term care home.

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 all resident accessible doors leading to stairways and non secure areas outside of the long term care home, which includes the retirement home, are equipped with the required audible door alarm that can only be cancelled at the point of activation, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



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Specifically failed to comply with the following subsections:

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. Hand hygiene dispensers are provided in corridors and on some carts used by staff.

Access to point of care hand hygiene products is not provided within residents' bedrooms.

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 point of care hand hygiene agents are accessible in all resident bedrooms, to be implemented voluntarily.

WN #4: 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. O. Reg. 79/10, s. 13.

Findings/Faits saillants :

1. Sufficient privacy curtains to provide privacy are not provided at the foot board end of the bed closest to the door in an identified 2 bed room.

The bed adjacent to the window can only be accessed by passing through the section of the bedroom that is equipped with privacy curtains and tracking for the resident who occupies the bed closest to the door.

Issued on this 14th day of November, 2012

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