



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Oct 1, 2014	2014_262523_0031	L-001203-14	Resident Quality Inspection

Licensee/Titulaire de permis

DERBECKER'S HERITAGE HOUSE LIMITED
54 Eby Street, St Jacobs, ON, N0B-2N0

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

DERBECKER'S HERITAGE HOUSE
54 Eby Street, St. Jacobs, ON, N0B-2N0

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

ALI NASSER (523), DEIRDRE BOYLE (504A), JOAN WOODLEY (172)

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): September 8, 9, 10, 11 & 15, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, the Manager of Dietary & Environmental Services, the Director of Activities, three Registered Staff, six Personal Support Workers, a Housekeeping Staff, the Resident Council President, four family members and Residents.

During the course of the inspection, the inspector(s) toured the home, observed meal services, medication passes, medication storage areas and care provided to residents, reviewed health records and plans of care for identified residents, reviewed policies and procedures of the home and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.



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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that procedures were implemented to ensure that assistive devices were kept in good repair. This was evident by:

a) Observations during stage 1 of the inspection revealed that three assistive devices were not in a good state of repair and were not discarded or removed from circulation as per the home's policy. This was confirmed by the Administrator.

b) The manufacture's directions for assistive devices were not followed. This was confirmed by the Administrator.

WN #2: 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 :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control programs. This was evident by observations made through out the RQI that revealed:

a) The floors in certain common areas observed to be cracked along the baseboards. The cracks were visibly soiled black and had debris present. This was confirmed by the Manager of Environmental Services.

b) Assistive device was observed on the floor in a shared bathroom, others were visibly soiled. This was confirmed by two Personal Support Workers and the Environmental Services Manager.

c) Flies in some residents rooms.

d) A staff member was observed loading soiled laundry into the washing machine. The staff was not wearing gloves and an apron. This was confirmed by the Environmental Services Manager who also confirmed that the home's infection control policy for handling of soiled laundry had not been followed.



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Issued on this 9th day of October, 2014

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