



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**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**

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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
Mar 10, 2015	2015_189120_0014	H-001855-15	Complaint

Licensee/Titulaire de permis

FOYER RICHELIEU WELLAND
655 Tanguay Ave WELLAND ON L3B 6A1

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

FOYER RICHELIEU WELLAND
655 TANGUAY AVENUE WELLAND ON L3B 6A1

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 6 & 10, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, housekeeping supervisor, housekeeping staff, maintenance person and a family member. The Inspector toured the home, measured lighting levels, assessed a short corridor for safety, reviewed housekeeping cleaning routines and available procedures, resident council meeting minutes and family council meeting minutes.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Safe and Secure Home**

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

4 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<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. 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. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

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 215.28 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

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The licensee did not ensure that the lighting requirements set out in the lighting table were maintained.

The home was built prior to 2009 and therefore the section of the lighting table that was applied to determine compliance is titled "All other homes". A hand held light meter was used (Sekonic Handi Lumi) to measure the lux levels in the resident bedrooms, resident ensuite washrooms and dining rooms. The corridor lighting, which was previously non-compliant had been upgraded and were confirmed to be above minimum requirements during the inspection.



The meter was held parallel to the floor at a standard 30 inches above the floor. Window coverings were drawn to eliminate natural light infiltration as much as possible during the inspection. Some areas, such as the main entrance, chapel (activity space) large dining room, certain sitting areas and Atrium (with sky light) could not be measured due to excessive natural light levels. The licensee would be required to measure these areas at night to determine adequate illumination levels.

- A) Small Dining Room - The room was equipped with 4 hanging light fixtures and several wall sconces. Just above table #4, the lux was 120. In between the lights, along the path of travel between most tables, the lux was 150. The minimum lux requirement is 215.28 in and around the tables.
- B) Resident Bedroom - Room #35 was tested and was similarly equipped with the same light fixtures as all of the other rooms (except one), whether private or semi-private. Each room had two round ceiling mounted fixtures, one in the centre of the room and one upon entry to the room and a wall mounted light over each bed. The ceiling fixtures had yellowed lens covers and were both 50 lux directly underneath. The lux under the over bed light was approximately 290. The minimum required lux for general room light is 215.28 and 376.73 under the over bed light.
- C) Resident ensuite washroom - Room #35 was tested and was similarly equipped with the same light fixture as all of the other ensuite washrooms. The lux levels under the wall mounted fluorescent lights were adequate just above the vanity, however the lux dropped to 100-150 in and around the toilet area. The minimum required lux level for the room is 215.28.

Discussions were held with both the Administrator and maintenance person who both revealed that there was a plan in place to replace resident room lights with the work beginning in spring 2015. New bedroom lights (LED type) were installed in one private room as a test and when measured, exceeded the minimum requirements. The same light fixtures were planned for all of the other bedrooms. In addition, discussion was held regarding the necessity for the licensee to measure their own lighting in other areas to determine compliance with the lighting table. [s. 18]



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 lighting requirements set out in the Table to this section titled "All other homes" is maintained, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee did not ensure that schedules were in place for remedial maintenance or that procedures and schedules were in place for preventive maintenance.

According to the maintenance person, no specific procedures were in place to guide maintenance or designated staff in their role in conducting preventive maintenance inspections. The home's maintenance program did not have a component related to preventive maintenance that included scheduled inspections of walls, doors, floors, ceilings, closet doors, vanities, plumbing fixtures, lighting, toilets, furnishings and windows which would then be followed by scheduled repairs. The procedures would need to include which forms to use, how often to complete the inspections, what areas would be inspected and a description of the acceptable maintenance standards. The maintenance person reported that remedial maintenance was completed when nursing, dietary and other staff report deficiencies, however if the deficiency was not reported, it would not be repaired for an extended period of time. During the inspection, the conditions below were observed and discussed with the maintenance person, some of which he was aware of and others that he was not. The remedial component, although in place, was not fully scheduled and could only be completed when the maintenance

person had time.

A) Flooring deficiencies were evident in the North wing common washroom which had flooring with a split seam near the toilet. Room #5 had a split floor near the bathroom entrance and lifting flooring in the bedroom and #7 had a split seam near the bed. The tub room (with Techno sonic tub) had a split floor near the tub. The south shower ceramic floor tile was covered over with a sand/mortar mixture to make it non-slip by the maintenance person, however it had not been sealed to render it non-porous. As a result, dirt had become trapped in the surface layer, creating a heavily stained floor which could not be cleaned. A section of the floor near the centre had also worn down to the original ceramic tile. Overall, in the home, previously identified areas had been repaired, patched or replaced, however ongoing problems appear to continue. As explained by the maintenance person, the glue used under the flooring material throughout the home was and continues to dry out causing the flooring material to lift, bubble and shift.

B) The casing around bathroom entrances were peeled down to metal in rooms 47, 48, 40, 15, 23, 24, 30. A painting program was underway, however it entailed bedroom doors and frames.

C) Vanities had missing pieces of laminate in #46, 30 and 40. Previously identified during inspections and rectified, but not preventively inspected to ensure adequate ongoing condition.

D) Wall damage in #41-1 (peeling and scuffed), corner damage in 14, 23, 24, 26 and 17. Bedroom 17 also had holes in wall behind a bed. Some of the deficiencies were known to the maintenance person however remedial maintenance needed to be scheduled to ensure time was allocated to make the repairs. [s. 90(1)(b)]

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 schedules and procedures are in place for remedial and preventive maintenance, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (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. The licensee did not ensure that an activation station (part of the resident-staff communication and response system) was available at each bath location used by residents. Two tub rooms were not equipped with an activation station next to the tub. [s. 17(1)(d)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (1) Every licensee of a long-term care home shall ensure that housekeeping services are provided seven days per week. O. Reg. 79/10, s. 87 (1).

s. 87. (2) As part of the organized program of housekeeping under clause 15 (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; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee did not ensure that housekeeping services were provided seven days per week. Housekeeping services includes but is not limited to resident bedrooms and resident bathrooms and contact surfaces as per section 87(2)(a) and 87(2)(b) of Ontario Regulation 79/10.

According to the housekeeping schedule provided by the Housekeeping Supervisor on February 6, 2015, for the month of January 2015, a housekeeper was not scheduled to work providing housekeeping services (which includes bedrooms and other areas) on any Saturday or Sunday throughout the month. According to the Administrator, as of January 2015, a laundry aide was allocated a few hours to clean the common bathrooms, floors and tables in the Atrium on the weekends during the evening shift. This was not reflected on the housekeeping schedule. According to resident council minutes dated November 18, 2014, residents raised a concern that their bathrooms were not being cleaned on a regular basis. Family council minutes dated January 21, 2015 identified that although additional hours were allocated to the Atrium, no hours had been allocated for cleaning resident bedrooms (including bathrooms) on weekends and that it was not acceptable.

Housekeeping services was therefore not provided 7 days per week. [s. 87(1)]

2. The licensee did not ensure that procedures were developed for cleaning of the home including resident bedrooms, washrooms, bathing areas, common areas and staff areas



which also included how and when to clean floors, furnishings, carpets, privacy curtains, contact surfaces and wall surfaces.

According to the Housekeeping Supervisor, procedures were not developed for cleaning of the above noted areas, with the exception of one procedure for cleaning a resident bedroom during an outbreak. Discussion was held with both the Administrator and the Housekeeping Supervisor with respect to ensuring that procedures and schedules be developed and implemented that would address the ongoing needs of the residents and their activities on a daily basis and that the types of surfaces and the frequencies would be established following evidenced-based infection control practices. At the time of inspection, housekeeping routines were developed based on available staffing hours and not based on the specific needs of the home and residents.

A housekeeping routine was reviewed during the inspection which identified which areas needed to be cleaned and on what specific day of the week. Touch point surfaces such as door knobs, light switches, call bell cording, hand rails, plumbing fixtures, bed rails and surfaces of certain furnishings were allocated to be cleaned twice per week in resident bedrooms/bathrooms and common areas. According to section 87(2)(b)(iii) of Ontario Regulation 79/10, contact surfaces are to be cleaned in accordance with evidence-based best practices. The current best practices document titled "Best Practices for Environmental Cleaning for Prevention and Control of Infections, 2012", identifies that touch point surfaces be cleaned daily. The frequency of cleaning low risk surfaces such as walls, floors, ceilings, doors, curtains, privacy curtains would be cleaned based on a risk stratification matrix found in Appendix B in the document. According to the matrix, long-term care homes are considered a moderate risk and such low risk surfaces would need a weekly cleaning, followed by additional cleaning as required (gross soiling, high activity areas, quicker than normal accumulations of dust/debris).

During the tour of the home on February 6 and 10, 2015, the prevailing issue was heavy dust build up on resident on low risk surfaces such as bed frames, on the exhaust vents in both tub rooms and within the shower area, on over bed light fixtures, on the floor (mostly behind the head of the bed and behind and under furniture) and on heater covers (especially common areas such as the craft room). According to the Housekeeping Supervisor, one housekeeper worked full time Monday to Friday, some hours were allocated for cleaning on weekends and some assistance was provided by herself and others when needed.



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The housekeeper working on February 10, 2015 was interviewed regarding daily routines. She reported that she did not have adequate time to clean all resident bathrooms or bedrooms every day. At best, each room and bathroom would receive a proper cleaning (toilets, sinks, garbage removed, floors mopped, high touch point surfaces wiped) twice per week. An interview with a family member revealed that due to the fact that no housekeeper was available full time on weekends, the sanitation in the home on Mondays was not satisfactory and that it would take several days for the full time housekeeper to catch up. It was also duly noted by the family member that some of the sanitation issues had improved since January 1, 2015. [s. 87(2)(a)]

Issued on this 10th day of March, 2015

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

Original report signed by the inspector.