



**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**

**Division de la responsabilisation et de la  
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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 3, 2014	2014_276537_0054	L-001369-14	Resident Quality Inspection

#### **Licensee/Titulaire de permis**

S & R NURSING HOMES LTD.

265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1

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

HERON TERRACE LONG TERM CARE COMMUNITY

11550 McNorton Street, WINDSOR, ON, N8P-1T9

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

NANCY SINCLAIR (537), ALISON FALKINGHAM (518), ROCHELLE SPICER (516)

### **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 14, 15, 16, 17, 21 and 22, 2014.**

**During the course of the inspection, the inspector(s) spoke with 40 Residents, 3 Family Members, the Administrator, Resident Care Manager, Manager Food Services, Manager Environmental Services, Manager Resident Services, RAI Coordinator, Clinical Practice Leader, 1 Registered Nurse, 7 Registered Practical Nurses, 8 Personal Support Workers, 1 Dietary Aide, 2 Life Enrichment Staff, 4 Housekeeping Staff, and a Maintenance Worker.**

**During the course of the inspection, the inspector(s) toured the home, observed meal service, a medication pass, medication storage areas, recreational activities and care provided to residents, reviewed health records and plans of care for identified residents, reviewed assessments, policies, procedures, and related training records, and observed general maintenance, cleaning and condition of the home.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care  
Sufficient Staffing**

**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. 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).**
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**Findings/Faits saillants :**



1. The licensee has failed to ensure that the resident-staff communication and response system can be easily seen, accessed and used by residents, staff and visitors at all times.

Observations on October 16, 2014 revealed the call bell for an identified resident was not within reach.

It was observed that where the resident was seated the call bell was approximately 4-6 feet away.

The resident confirmed they were unable to reach the call bell.

The resident stated that they knew how to use the call bell and wanted to ring it to request staff assistance.

The Inspector activated the call bell and a Personal Care Worker responded.

The Personal Care Worker confirmed the call bell was not within the residents reach and should have been within reach. (516) [s. 17. (1) (a)]

2. The licensee has failed to ensure that the resident-staff communication and response system clearly indicates when activated where the signal is coming from.

Observations on October 14 and October 15, 2014 revealed that call bells in the bedroom of three identified residents were not functioning.

Two Personal Care Workers and a Registered Nurse confirmed the call bells were not working and reported immediately to the Environmental Supervisor as the call bells should be functioning at all times. The Environmental Service worker repaired the call bells to working order immediately. (516)(537)

The Administrator confirmed that it is the expectation that the resident-staff communication system should clearly indicate when activated where the signal is coming from. [s. 17. (1) (f)]



***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 can be easily seen, accessed and used by residents, staff and visitors at all time and clearly indicates when activated where the signal is coming from, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that all hazardous substances at the home are kept inaccessible to residents at all times.

Observation on October 14, and 15, 2014 revealed the following:

Housekeeping carts in two resident home area hallways and the lobby of the main entrance were found to be unlocked. The carts contained hand sanitizer, all purpose hand soap and spray bottles of Virox.

Four Housekeeping staff, a Registered Practical Nurse, and the Manager of Environmental services confirm that the carts do not have the ability to be locked as the locks are missing from the carts or there are no keys available to lock the carts.

The Environmental Service Manager confirms that the carts should be able to be locked and contacted a service provider to replace locks and keys for all housekeeping carts.

The Administrator confirms that it is the expectation that the housekeeping carts should have the ability to be locked to ensure that all hazardous substances at the home are kept inaccessible to residents at all times. [s. 91.]



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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 all hazardous substances at the home are kept inaccessible to residents at all times, to be implemented voluntarily.***

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**WN #3: 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).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Observation of the supper time meal service on October 14/14 revealed the following.

A Personal Support Worker was observed to remove soiled plates from a resident table, scraped the food from the plate to the garbage can and placed the dirty dishes in bins on a cart. The Personal Support Worker then proceeded directly to the servery counter, was given a meal for another resident who had not yet had dinner, served the plate, sat down and began to assist the resident without performing hand hygiene.

A second Personal Support Worker cleared a table of dirty dishes, scraped the plates into the garbage can and placed the dirty dishes in bins on a cart. The Personal Support Worker then sat down at a table with a resident who required assistance, and began to assist the resident with eating without performing hand hygiene.

Observation of a third Personal Support Worker, a Registered Practical Nurse and a Dietary Aide also present during the meal service revealed that hand hygiene was an expectation as hand hygiene was performed after clearing dirty dishes to the same cart and between assisting residents.

The Registered Practical Nurse confirmed that it was the expectation to perform hand hygiene after handling dirty dishes, before assisting a resident. [s. 229. (4)]

***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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**





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**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system that has been instituted or otherwise put in place (b)is complied with. O. Reg. 79/10, s. 8 (1).

Discussion with the Environmental Manager, the Administrator and the Director of Care indicates that if a door has a key pad lock, the direction to the staff is that it is to be kept closed and locked when staff are not present. During the Initial Tour on October 14, 2014 it was observed that the following doors were left open or unlocked when staff were not present.

#### Shallows Lane

Linen Room door with key pad punch entry was found open and no staff were present. A Personal Support Worker and a Registered Nurse confirmed the door should have been closed and locked when staff were not present.

#### Birds View Lane

Shower room with key pad punch was found to be open with no staff present. A Personal Support Worker confirmed that the door was to be kept closed and locked when staff were not present.

#### Lookout Point

Linen Room Door with key pad punch entry was left open with no staff present. A Housekeeping staff and a Personal Support Worker confirmed that the door was to be kept closed and locked when staff were not present.

Resident Laundry Room with key pad punch entry was left open with no staff present. A Registered Practical Nurse confirmed that this door should be closed and locked when staff were not present.

The Manager of Resident Services confirms that the expectation is that doors in the home with keypad access be closed and locked. [s. 8. (1) (b)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**



**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The home's policy, Oral Care-Assessment and Care Planning RCM 11-21, indicates the following:

Each resident will have an oral health assessment tool completed within 7 days of admission, quarterly, and annually and when their oral health status changes.

Review of the health record of an identified resident reveals that dental/oral assessments are not documented in Point Click Care or on the paper chart.

It was confirmed by a Registered Practical Nurse that dental/oral assessments for the identified resident was not documented.

The Manager of Resident Services confirmed that it is the expectation that these assessments be completed and documented. [s. 30. (2)]

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**Issued on this 3rd day of November, 2014**

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