



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 10, 2017	2017_539120_0045	012705-17	Complaint

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**Licensee/Titulaire de permis**

IOOF SENIORS HOMES INC.  
20 Brooks Street BARRIE ON L4N 5L3

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

ODD FELLOW AND REBEKAH HOME  
10 BROOKS STREET BARRIE ON L4N 5L3

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

BERNADETTE SUSNIK (120)

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**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): July 18 & 19, 2017**

**The complaint included multiple concerns related to the homes pest control program, preventive maintenance program for equipment and building systems (HVAC, hot water, plumbing, electrical system) and flooring condition.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor, Associate Director of Care, Nurse Manager, Dietary Manager, Personal Support Workers, Restorative Care Manager and maintenance staff.**

**During the course of the inspection, the inspector toured the long term care home (including resident rooms, common spaces, bathing areas, kitchen, laundry room, service corridors), reviewed maintenance related documents for various building systems and equipment and a bed system evaluation audit.**

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

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

**2 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 15. Bed rails**



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

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

**Findings/Faits saillants :**

1. The licensee did not ensure that where bed rails were used, that the resident's bed system was evaluated in accordance with prevailing practices to minimize risk to the resident.

On August 21, 2012, a notice was issued to the Long Term Care Home Administrators from the Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch identifying a document produced by Health Canada (HC) titled "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability and Other Hazards, 2008". The document was "expected to be used as the best practice document in LTC Homes". Prevailing practices includes using predominant, generally accepted widespread practice as the basis for sound decisions. The HC guide describes how and when to evaluate bed systems for entrapment zones and if found, how to mitigate any risks to residents who use one or more bed rails. In particular, the HC guide includes information about mattress compatibility, that the mattress is appropriately fitted to the bed frame/deck, especially after the original mattress is replaced. Any such changes would require the bed system to be re-tested prior to use, to ensure the bed and mattress combination meets the recommendations of guidance document.

During the inspection on July 18 and 19, 2017, approximately 15 beds with bed rails attached to the frames were observed to be missing mattress keepers on each corner of the bed to prevent the mattress from sliding side to side or from head to foot. When the mattresses were checked, they easily slid around on the deck of the bed. They appeared fairly new. The risk identified with these beds included the greater potential of gaps forming between the mattress and the bed rail(s) when in use (elevated or applied)



while the resident was in bed. The gaps are known as zones of entrapment. When mattresses are firmly secured and of the correct size, the gaps are less likely to develop. According to records provided by the Administrator, titled "Bedrail Audit Check Sheet", the last bed system evaluation was conducted by in home staff on May 6, 2016, at which time 11 beds failed at least one zone of entrapment (either zone 2 or 3 or both). Since that time, some beds were re-located and were provided with new mattresses or the entire bed system was replaced. A re-evaluation of the bed systems was not conducted when the mattresses were replaced to determine if the beds either passed or failed entrapment zones 1 through 4 and what actions were taken to mitigate any failures if they were identified. The bed system evaluation record provided, included the room number of the bed system location, but did not include a specific bed system identifier, such as a serial number or identification code to keep adequate track of the bed system. The licensee was not able to provide documentation as to what actions were taken with the 11 beds and to confirm that the bed listed on the "Check Sheet" provided was the same bed in the identified room.

The licensee therefore did not evaluate the bed systems in accordance with the above noted Health Canada guidelines to minimize risk to the resident. [s. 15. (1) (a)]

***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 where bed rails are used, that the resident's bed system is evaluated in accordance with prevailing practices to minimize risk to the resident., to be implemented voluntarily.***

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**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. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,  
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum; O. Reg. 79/10, s. 90 (2).**

**Findings/Faits saillants :**

1. The licensee did not ensure that procedures were developed and implemented to ensure that mechanical floor lifts were kept in good repair and maintained at a level that met manufacturer specifications.

The licensee's policy (04-00-16) titled "Mechanical Lift Maintenance" dated July 20, 2012, included a procedure which specified that maintenance was to inspect and maintain equipment on a monthly basis by following the steps listed on the Mechanical Lift Inspection Report and check off items once they have been performed. The policy also included the requirement to have the lifts annually tested for the ability to carry a maximum specified load or weight. When the items that were to be checked were compared to the manufacturer's guidelines (specifications), many of the floor lift components were not included in the licensee's procedure.

During the inspection on July 18, 2017, one floor lift labeled #14 was identified to have a malfunctioning spring over the sling strap hook. When the last safety inspection check records were requested, none could be provided. According to a PSW who was the lead for the lifts and transfers program, she was unaware of the malfunction and no written records of what was routinely checked on the mechanical floor lifts before use was kept by the PSWs. According to the Environmental Services Supervisor, maintenance staff had not been checking the mechanical lifts on a monthly basis and no load test had been conducted on the lifts since the fall of 2015. Prior to the completion of the inspection, the PSW lead had implemented a safety check list for the PSWs to use prior to using each mechanical lift and the Administrator had procured a company to complete a mechanical lift inventory, inspection and load test by the end of July 2017.

The licensee therefore did not develop procedures and subsequently implement them to ensure that mechanical floor lifts were maintained at a level that met manufacturer specifications. [s. 90. (2) (a)]



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**Issued on this 10th day of August, 2017**

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

**Original report signed by the inspector.**