



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: April 25 + 27, 2012; 2012_072120_0037; Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

KILEAN LODGE
83 MAIN STREET EAST, GRIMSBY, ON, L3M-1N6

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

BERNADETTE SUSNIK (120)

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 Executive Director, Director of Care, Office Manager, contracted service representative, Food Services Supervisor, Activation Manager registered and non-registered staff and residents. (H-000581-12)

During the course of the inspection, the inspector(s) toured the home by visiting all resident rooms, common areas, bathing areas, kitchen, dining areas and external areas, took water temperatures, measured lighting levels, reviewed water temperature logs, policies and procedures, schedules, job duties, resident and family council meeting minutes, activities calendar, education/orientation schedules and attendance records.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Infection Prevention and Control

Safe and Secure Home

Training and Orientation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 87. Housekeeping

Specifically failed to comply with the following subsections:

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;
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
 - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
 - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
 - (iii) contact surfaces;
- (c) removal and safe disposal of dry and wet garbage; and
- (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. [O. Reg. 79/10, s. 87(2)(a)] The licensee has not ensured that procedures are developed and implemented for cleaning of the home.

* On April 25 & 27th, 2012, the flooring material in the 1st and 2nd floor dining rooms and the corridor outside of the 2nd floor dining area were noted to be discoloured with ground in dirt around the perimeter of the rooms and in some areas, thick black material stuck to the edging of vent grills in the floor. A floor care and maintenance procedure was available in the contracted service provider's housekeeping binder, titled C-20-20. It outlines that the floor must be stripped and waxed based on discolouration of sealant or wax. It does not describe any other type of deep floor cleaning process, frequency or who would be responsible. According to the administrator, a strip and re-wax process was placed on hold in preparation for a sprinkler installation project which was scheduled to begin in mid April, however the project has been delayed to mid summer.

The contracted service provider has a policy titled HKG F-25-35 that requires housekeepers to damp mop all floors in dining rooms after all meal periods and another policy B-15-15 which describes the housekeeper's job routine to sweep and mop dining rooms at 9:30 a.m. and 1:30 p.m. It does not include cleaning after the dinner meal as housekeeping shifts end at 3:30 p.m. The home's former light duty cleaner completed the cleaning of floors in the evening but has not been in the home for several weeks. The home also has job duties for the "late dietary aide" according to the Food Services Manager, which is to clean and sweep dining room floors on weekend shifts, but no details on specific times. A personal support worker night shift cleaning schedule requires that personal support workers must sweep and mop dining room floors Monday to Sunday. The various schedules and policies are conflicting and do not identify anyone delegated to specifically monitor how well the floors are being cleaned and if completed.

* On April 25, 2012, dining room tables, especially on the 2nd floor were noted to be visibly soiled on the edges and undersides. The dietary department policy D-05-11-5 for dietary aides requires that table tops and sides be cleaned between meals and that on a weekly basis, the top, sides, legs, base and underside be deep cleaned.

* Dining room chairs were noted to contain food debris lodged between chair frames and seats between the breakfast and the lunch meal on April 25, 2012. Policy D-05-120 requires dietary aides to clean dining chairs, seat and back after each meal, with a deep clean on a weekly basis.

A dietary aide was unaware of any cleaning schedules and confirmed that she has not signed off on any cleaning tasks.

* On April 25 & 27th, 2012, the interior trim on most windows throughout the home contained heavy amounts of dust/dirt and loose debris. No policies or procedures have been developed with respect to who will clean the interior trim and the frequency of cleaning. Reference was found in the policy that the cleaning of the windows would be contracted out. The administrator was in the process of hiring a company to clean the interior and exterior windows and trim at the time of the inspection.

* On April 27, 2012, several wheelchair frames and seats were observed to be visibly soiled (with shed skin, dirt & food debris) on the 2nd floor. A cleaning schedule posted at the 1st and 2nd floor nurse's stations requires night shift PSWs to clean specific resident owned equipment on specified days. The schedule requires staff to sign off that they have cleaned the equipment. An identified resident's wheelchair was required to be cleaned on April 26th, however during the inspection on April 27th, their chair was observed to be very soiled. No signature was noted in the cleaning schedule.

* Soiled shower chairs and bed pans were observed on both days of the inspection, April 25 & 27th, 2012.

In the 1st floor shower room, a beige shower chair with a gel seat on top of it was visibly soiled with feces and a gray commode chair had visible residue on the top side. (Both days)

In the 2nd floor soiled utility room, inside of a cabinet above the sink, four soiled bed pans were identified and removed by the inspector. Three soiled bed pans were identified and removed by the inspector from the cabinet in the 1st floor soiled utility room. No cleaning instructions were posted. A PSW described how she cleans the articles, which was to spray Virex on the surface in the sink and to use a brush to clean.

A deep cleaning schedule was provided by a PSW which required night shift staff to clean all basins and pans from different rooms once per week for a deep cleaning. Signatures were missing for April 17, 23, 25 and 26th. The cleaning procedure for bed pans and basins that was observed to be posted on the cabinet in the 2nd floor soiled utility room directed staff to fill the sink with "Endbac" disinfectant and soak the articles. This particular disinfectant could not be found in the home as they had replaced it with Virex disinfectant. Instructions were outdated and did not guide staff as to how much of the Virex to use, how to use and type of cleaning tools (soft vs hard brush etc) to use.

Policy LTC-1-305 titled "cleaning of equipment" requires personal support workers to submerge the bed pan or basin for cleaning and return it to the resident and/or to store it clean in a clean utility room. The policy does not direct staff as to where to clean the article, how often and with what products and cleaning tools.

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 procedures are developed and implemented for cleaning of the home, to be implemented voluntarily.

WN #2: 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 215.84 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, r. 18, Table.

Findings/Faits saillants :

1. The licensee has not ensured that the lighting requirements set out in the Table to this section are maintained. Lighting levels were measured on both 1st and 2nd floors. The corridors were identified to be dark and did not offer continuous consistent lighting levels of 215.28 throughout the corridors. Levels fluctuated between 10 lux to over 400 lux as the meter was held while walking along the corridor.

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 lighting requirements set out in the Table are maintained, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

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,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

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;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause

(c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



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prévues le Loi de 2007 les
foyers de soins de longue

1. [O. Reg. 79/10, s. 90(1)(b)] The licensee of a long-term care home has not ensured that there are schedules and procedures in place for routine, preventive and remedial maintenance.

During the inspection on April 25 & 27, 2012, the following observations were made;

- * The 1st floor shower room flooring material was cracked along the wall/floor junction in the shower area. Water appears to have seeped into the cracks and underneath the flooring.
- * The exhaust in the 1st floor shower room was found to be non- functional.
- * The 2nd floor shower area wall material, which was newly applied in December 2011, was buckled and warped. Staff reported the issue to maintenance on January 27, 2012, and the follow-up action was to monitor the wall. It appears that the material was either not applied properly or that water has seeped into and behind the material causing warping.
- * A minimum of 3 window sashes were noted to be missing from identified resident bedroom windows. The windows are single hung aluminum sliders, made up of two sets of sashes inside of a window frame which slide horizontally on a track. Two of the sashes remain fixed and two are used to open and close the window. The missing sashes are an essential part of the window system.
- * All of the windows in the home, specifically the windows in resident rooms are not tight-fitting. The weatherstripping (felt) between the sash and the frame and any contact area between the fixed and movable sections of a window joint has eroded away over time and the window sashes rattle in the wind. The windows do not provide a tight seal against the elements and cool air was noted to be blowing into the room, between the gaps. The dirt build-up on the tracks of the window frames have also contributed to sliding difficulties.

The contracted service provider's policies and procedures for maintenance services do not address routine, preventive and remedial programs for the above noted findings.

2. [O.Reg. 79/10, s. 90(2)(g)] The home's policy and procedure for ensuring that the temperature of the water serving all bathtubs, showers and hand basins used by residents is 49C or less has not been implemented.

The home's policy for hot water temperature monitoring requires that staff take temperatures once per shift in resident accessible areas to ensure that temperatures remain between 40 and 49C. No water temperatures were taken on April 8-11, 14, 16-19, 24-25 Day shift and 4, 5, 7-13, 15-19, 21, 22 and 24th on the Evening shift.

3. [O. Reg.79/10, s.90(2)(i)] The temperature of the hot water serving all bathtubs and showers used by residents is not maintained at a temperature of at least 40 degrees Celsius. The temperature of the hot water from the tub located on the 2nd floor was recorded to be 38.3C on April 25th and 37.9C on April 27, 2012.

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

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(i) residents' linens are changed at least once a week and more often as needed,

(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

(iv) there is a process to report and locate residents' lost clothing and personal items;

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and

(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. [O. Reg. 79/10, s.89(1)(c)] The licensee has not ensured that procedures are developed and implemented to ensure that linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours.

Numerous pillows were identified to be in poor condition on resident's beds in identified rooms. The pillow surfaces were cracked or split. The pillow surfaces are made of a stiffened non-absorbent material which encases the contents and therefore cannot be laundered. The pillows must therefore be wiped clean.

The home's contracted service provider for laundry services has a policy and procedure for ensuring linens are maintained in a good state of repair (ES D-15-10). However, the policy does not address pillows as part of the linen supply. The home does not have any other policy that addresses who will clean and monitor the pillows, how often and who ensures that they are discarded and replaced when damaged.

Issued on this 28th day of May, 2012

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

