



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

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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
Sep 3, 2014	2014_189120_0052	H-000779- 14/H-001027 -14	Complaint

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

COOKSVILLE CARE CENTRE
55 THE QUEENSWAY WEST, MISSISSAUGA, ON, L5B-1B5

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): July 30 and August 5, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Manager, Food Services Manager, Infection Control Manager, maintenance and housekeeping staff and nursing staff (registered and non-registered)

During the course of the inspection, the inspector(s) toured the home, visited numerous resident rooms and bathrooms, tub rooms, common spaces and dining rooms and reviewed housekeeping, personal support worker and dietary cleaning schedules and procedures.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping**

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. 87.
Housekeeping**



Specifically failed to comply with the following:

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).

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,

(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; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee did not ensure that procedures developed for cleaning of the home (wall surfaces and fixtures) were implemented and that procedures were developed for cleaning small appliances.

The home's policy ES C-10-15 titled "General Dusting and Spot Cleaning" required housekeeping staff to "remove dust and spot wipe all wall areas and fixtures from head level down to the baseboards, to dust and spot clean all furniture, doors, light switches and all other appropriate items on a daily basis". Policy ES C-30-60 required staff to spot clean daily all horizontal surfaces, walls and doors on a daily basis and that light fixtures would be hand dusted with a damp cloth weekly.

The home's policy ES C-15-05 titled "Floor Care and Maintenance" required staff to remove the daily accumulation of light dust and soil in all areas" from the floors. Policy ES C-15-10 required staff to damp mop daily if needed or every second day and "to



pay particular attention to corners".

1. Random resident rooms were toured on all three floors on July 30, 2014. Heavy amounts of dust was observed on over bed light surfaces in rooms #307, 310, 312, 313, 314, 316, 319, 322, 323, 325, 326, 331, 333, 334, 335, 208, 216, 218. Upon return on August 5, 2014, some had been cleaned (after the manager was informed of 5 rooms) but the rest remained dusty.

2. Cob webbing and/or accumulated dead insects were noted on both July 30 and August 5, 2014 in corners beside incremental heating and cooling units in, but not limited to bedrooms #200, 207, 226. Walls were visibly soiled on July 30, 2014 and upon return on August 5, 2014 in resident rooms 311, 313, 316, 322, 326, 329, 333, 306, 200, 222 (bath), 223(bath), 227, 204(built in cabinet drawers).

3. On July 30th and August 5, 2014, the dividing doors between the lounge and dining room on the 3rd floor were visibly splattered on both sides. In the 2nd floor dining room, drip marks were evident on an incremental unit and visible matter on walls around the steam table. The home's procedure C-30-50 titled "Resident Dining Rooms" required staff to clean walls on a daily basis. The supervisor indicated that all surfaces were normally deep cleaned twice per month.

Deep cleaning schedules were reviewed and according to the schedule, two rooms were to be deep cleaned each day. Resident room #200 was observed to have heavily soiled walls on both July 30 and August 5th. The schedule revealed a housekeeper's initials indicating that it was deep cleaned on August 4, 2014. The deep cleaning process required staff to clean all walls, fixtures, furnishings, windows etc. Rooms 217, 218, 219, 220 did not receive a deep cleaning in July. According to housekeeping staff, unpredictable issues routinely interfered with their schedules.

4. Both microwave ovens, one located in the 2nd floor dining room and one in the 3rd floor dining room, were observed to be visibly soiled on both July 30th and August 5, 2014. The food services supervisor when interviewed on August 5, 2014 regarding the cleaning schedule for the microwaves, stated that they were not used by dietary staff and were not cleaned or on a cleaning schedule. [s. 87(2)(a)]

2. The licensee did not ensure that procedures were fully developed and implemented for cleaning and disinfecting resident care articles such as wash basins in accordance with prevailing practices.



The home's policy and procedure related to resident article cleaning and disinfection identified as "RCS E-80" and dated July 15, 2013 was developed in accordance with prevailing practices (identified by the Provincial Infectious Diseases Advisory Committee). However, the procedures lacked details and were not current to the practices expected by the Infection Control Designate in the home.

The procedure required staff to clean the wash basins after each use and use a spray disinfectant called "Virox". No other instructions were provided. When the procedure was discussed with the Infection Control Designate, she stated that the staff were to use "Virox" wipes after cleaning the basins, not the spray. According to one personal support worker, the basins were to be cleaned using the resident's hand sink with liquid soap from the dispenser and then covered in hand sanitizer. This particular procedure was not identified in the home's procedure but was also not according to prevailing practices (use of hand sanitizer for hard surfaces is not appropriate). The procedure lacked details about how and where staff were to clean the basins between each use, where to store cleaned basins and where the Virox wipes were to be acquired and stored between use.

During the inspection, some basins were observed to be stored in areas that were not sanitary and the basins were not cleaned after use. In particular, a visibly stained pink wash basin was seen on the toilet tank in washroom #216 on both July 30 and August 5, 2014. Two basins were found on top of a wheelchair foot rest in bedroom #334 and one on top of shoes in a closet in bedrooms #335 and #332. It appeared that some of the basins were not in use.

A wash basin deep cleaning schedule was developed and reviewed. According to the Infection Control Designate, the expectation was to clean the basins once per week by taking them to the shower room. The details of the entire collection and cleaning process was not developed and available to staff in their policies and procedures. [s. 87(2)(b)]



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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 housekeeping procedures are implemented for cleaning of the home and the cleaning and disinfecting of resident care articles, to be implemented voluntarily.

Issued on this 3rd day of September, 2014

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