



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 16 & 17, 2010	2010-120-8547-16NOV081710	Follow-up to November 25, 2009

Licensee/Titulaire

Tri-County Mennonite Homes, 200 Boullee Street, New Hamburg, ON N3A 2K4

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

Nithview Home, 200 Boullee Street, New Hamburg, ON N3A 2K4

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

Bernadette Susnik, LTC Homes Inspector- Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance made under the Ministry of Health and Long-Term Care Homes Program Standards Manual relating to the following unmet criteria:

O2.1 (maintenance services), O2.11 (Condition of doors, walls), M1.7 (policies and procedures), M3.17 (emergency plans)

During the course of the inspection, the above noted inspector spoke with the administrator, housekeeping/laundry supervisor, environmental services supervisor, maintenance, housekeeping, laundry and nursing staff. During the course of the inspection, the inspector conducted a walk-through of all of the home areas, including common areas, bathing areas, utility rooms, the laundry and resident bedrooms. Policies and procedures, service reports and maintenance logs and schedules were also reviewed.

The following Inspection Protocols were used during this inspection:

- *Accommodation Services – Maintenance*
- *Safe and Secure Home*
- *Infection Prevention and Control*

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN
2 VPC

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on Page 3.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The licensee has failed to comply with O. Reg. 79/10 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.

Findings:

1. Numerous door surfaces in the home are deeply gouged and damaged.
2. The flooring seams have split in many resident rooms and in some bathrooms. Floor tiles are lifting on stairwell landings in various stairwells and in bedroom #320. Flooring material in the 2nd floor café is cracked along the wall/floor junction.
3. No exhaust has been provided for the staff washroom in the basement near the kitchen.
4. Maintenance staff are not inspecting mechanical floor lifts once per month as required by the manufacturer's requirements.
5. Blue shelving units in both 1st and 2nd floor dining rooms (under the windows) have nails sticking out of damaged wood partitions.
6. Wood window ledges in resident rooms and dining areas are worn down to raw wood and are not easy to clean. Many have water-damaged stains.
7. The internal baffles of many exhaust grilles are laden with thick dust, potentially inhibiting air flow.
8. Schedules and procedures have not been developed for routine, preventive and remedial maintenance.

Additional Required Action:

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 with s.90(1)(a) and (b) in respect to ensuring that the building, including both interior and exterior areas are maintained in good repair and that there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

WN #2: The licensee has failed to comply with O. Reg. 79/10, s. 229(2)(d) & 229(4). The licensee shall ensure that,

- (d) the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and
- (4) all staff participate in the implementation of the program.

Findings:

1. The infection prevention and control program, which consists of policies and procedures has not been updated annually. The policies available to nursing staff are not current and do not advise staff as to the current best practices with respect to outbreak management and control. Documents found in one binder in use on the 2nd floor were dated between 1996 and 2008. The latest version was identified in the nursing office on the 2nd floor, but was in draft form. All of the Ministry of Health and Long-Term Care's best practices have been updated in 2009 and 2010
2. The following practices of housekeeping and personal service workers are not in keeping with best practices and are not being monitored:
 - Various disinfectant products identified in the 3rd floor shower/tub room. The disinfectant product used by staff for shower and commode chair disinfection is not being used according to manufacturer's instructions. The product was found undiluted in a spray bottle with a worn label. The product is very corrosive and poisonous in the undiluted state. The product is designed to be used as a tub disinfectant that is mechanically diluted.
 - Resident's wash basins are not disinfected after each use, as per the home's policy which has not been updated. Various basins were found in resident washrooms with water in them and 1 was visibly soiled over a two-day period and left on the floor. The home's policy indicates that these items are to be cleaned with Profile #13 after each use. Profil #13 could not be found anywhere in the home. It appears that the home has multiple types of disinfectants in use (Virox 5 liquid, Basix, and disinfectant wipes) and Profil #13 has been discontinued.
 - Resident's wash basins and bedpans are not stored in a hygienic manner. Bedpans noted to be jammed between the toilet tank and the wall in a number of washrooms or on the floor, along with washbasins.
 - Housekeeping staff are not following best practices and the home's procedures to prevent cross contamination while cleaning washrooms/bedrooms. Dirty areas such as the toilet are cleaned first instead of last. Gloves are being worn by housekeeping staff for multiple tasks (not a best practice) and for tasks that do not require them such as dusting and mopping.

Additional Required Action:

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 with s. 229(2)(d) with respect to ensuring that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.



CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criterion M3.17, issued under the MOHLTC Program Standards Manual now found under O. Reg. 79/10, s. 230(3)(a) & (b)	N/A	N/A		120

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>Jan 17/11</i>