



**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**

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 14, 2014	2014_189120_0065	H- 000490/491- 14	Follow up

Licensee/Titulaire de permis

MARYBAN HOLDINGS LTD
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

OAKWOOD PARK LODGE
6747 OAKWOOD DRIVE, NIAGARA FALLS, ON, L2E-6S5

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 29, 2014

An inspection (2014-201167-0010) was previously conducted between March 17 and 31, 2014 at which time several Orders were issued. This follow-up visit focused on Order #002 related to resident safety and #003 related to the home's communal equipment cleaning and disinfection program. Both Orders were cleared at the time of the visit. See below for new findings.

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care and Personal Support Workers.

During the course of the inspection, the inspector(s) randomly toured resident bedrooms, washrooms, tub/shower rooms, soiled utility rooms, observed the cleanliness of personal care articles and communal equipment, reviewed the home's cleaning and disinfection procedures for communal equipment (tubs, shower chairs) and personal care articles.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home**

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.)	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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :



1. The licensee did not ensure that furnishings were maintained in a safe condition and in a good state of repair.

During the inspection on September 29, 2014, a resident's personal floor lamp was found to be in poor condition in their room. The lamp was not able to remain upright and was up against a wall. Resident owned dressers found in two separate rooms were in disrepair and badly damaged. The top surface of the first dresser was rough, with exposed particle board and could not be cleaned. The condition of the dresser was originally identified during an inspection conducted in March 2014 and the home was directed to address the issue. The second dresser had one drawer surface with the edges ripped apart and shards of wood exposed.

Discussions held with the Administrator revealed that the home had a policy in place that required staff to inspect all furnishings and electrical items upon admission and regularly thereafter for safety and condition, however the frequency was not established or implemented. [s. 15(2)(c)]

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 furnishings are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: 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).

Findings/Faits saillants :

1. The licensee did not ensure that staff participated in the implementation of the program, specifically the infection prevention and control program. The program includes cleaning and disinfection, hygienic storage of cleaned items, dedicated personal hygiene items that are stored appropriately and cleaning and disinfecting personal care articles.



The management of the home was previously ordered to update procedures and make changes to their cleaning and disinfection program for communal bathing equipment and personal care articles. The changes were completed to some extent, however the implementation of those procedures was not being monitored or evaluated to ensure staff were participating in the implementation of those procedures or that the procedures were re-evaluated to ensure that they could be easily followed.

Wash basins and bed pans were stored inappropriately either on the floor, on toilet tanks or on grab bars in identified resident ensuite washrooms. The majority of wash basins were stored on screws mounted on a wall in the ensuite washrooms and many of the screws had fallen out of the drywall. The drywall in some washrooms was noted to be peeling, stained or damaged by water. Other basins could not be hung as the hole created for the screw had split. No specific location was allocated for the storage of bed pans. Discussions were held with the home's infection control designate during past inspections regarding an alternative method to store the basins. During this inspection, no changes had been made. The Administrator and Director of Care were informed that the current method of storing the basins was not hygienic and difficult for residents and/or staff to place and remove the basins from the screws.

Wash basins in 5 identified resident washrooms and two bed pans in another washroom were not clean in appearance on September 29, 2014. Names were missing on some of the articles in 7 identified resident washrooms. The Director of Care reported that it was an expectation that wash basins be taken to the "Environmental room" for cleaning and disinfection of the wash basins and returned to the resident's washroom and that each wash basin and bed pan belonging to a resident was to be labeled with their name.

Observations and discussions with personal support staff during this inspection and past inspections reported that the basins were rinsed in the resident's sink and hung up (if able to) on the wall in the washroom. The basins were not taken to the designated "environmental room" where a disinfectant spray (AIRX44) was observed to be located. The home's procedures regarding staff cleaning and disinfecting expectations were confusing. One procedure titled "Cleaning Nursing Equipment (PSW's) identified that wash basins be "rinsed and cleaned with AIRX44 after each use" but did not identify where this task was to be done. The procedure however identified the environmental room for cleaning and disinfecting basins on the night



shift as per a schedule. Another procedure titled "Cleaning" stipulated that for "daily cleaning" the wash basin was to be rinsed and wiped dry with paper towel and returned to the resident room and for "night cleaning" the basin was to be scrubbed with a brush and rinsed and wiped dry and returned to the resident room. Two other points in the procedure above the daily and nightly cleaning routines specified that the basins would be rinsed and sprayed with AirX44. No direction in writing was provided regarding how the basins or bed pans should be stored once cleaned. Discussion was held with the Director of Care regarding the various written directions and ensuring that they are developed for staff to be clear and easy to follow.

Additionally identified during this inspection, unlabeled hairbrushes, loose bars of soap, combs and used deodorant sticks were observed in communal spaces such as in tub rooms (wing 200 & 500) and on vanities in shared 4 identified resident washrooms. According to the expectations of the management staff of the home, such items were to be labeled accordingly and kept in the resident's personal storage area. [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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



**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**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #002	2014_201167_0010	120
LTCHA, 2007 S.O. 2007, c.8 s. 86. (2)	CO #003	2014_201167_0010	120

Issued on this 14th day of October, 2014

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