Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 23, 24, 2012	2012_189120_0005	Complaint

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

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with administrator, director of care, environmental services supervisor, registered staff, activation manager, food services manager, housekeeping and laundry staff, personal support workers and maintenance personnel.

During the course of the inspection, the inspector(s) toured through all of the corridors, random resident rooms, tub rooms, soiled utility rooms and the laundry room, reviewed the laundry process, housekeeping practices, verified exhaust function, tested the condition of tubs and hand sinks, reviewed environmental policies and procedures, maintenance service reports and maintenance and housekeeping duty checklists.(H-001797-12)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Safe and Secure Home

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.) 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 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)(d)] The licensee has not ensured that procedures are developed and implemented for,

(d) addressing incidents of offensive odours.

On both days of the inspection, the tub room located in the 200 wing was noted to have strong urine odours without any visible evidence of bodily fluids in the room and after housekeeping staff had cleaned the room. Procedures have not been developed to determine who will monitor and investigate the odours and what the available options are to address the odours.

The soiled utility rooms in 200 and 400 wings were very odourous, partially due to lack of exhaust, but also due to poor containment practices of the soiled briefs.

The exhaust system was not operational on either day of the inspection and was not able to remove any of the lingering odours.

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

(a) cleaning of the home, including privacy curtains and fans

Housekeeping policy #03-19-1 has been developed to direct housekeeping staff to clean the window drapes and privacy curtains 3 times a year, during a room deep clean. This policy was established in February 2012 and has not been fully implemented. Neither of the housekeeping daily work routines or the monthly checklist used by housekeepers includes the monitoring of privacy or window curtain cleanliness so that curtains can be cleaned as needed. The following observations were made:

* Stained and/or dirty privacy curtains identified but not limited to rooms 207, 210, 306, 310, 402, 403, 404, 407, 501, 504, 608 and in 2 tub rooms (located in 400 & 500 wings).
* Stained window drapes identified but not limited to rooms 105, 107, 109, 110, 311, 403, 405, 407.

Neither of the maintenance or housekeeping policies or work routines identify the frequency or person responsible for monitoring fans located in resident rooms (corridor fans have been addressed). Many of these were noted to have a heavy build-up of dust on the fan blades. Management staff reported that these fans are the responsibility of the maintenance staff.

WN #2: 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)(a)(ii,(iii) & (iv)] As part of the organized program of laundry services under clause 15 (1) (b) of the Act, the licensee of a long-term care home did not ensure that,

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

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

The home's policy OH-04-16-1 or CE-04-17-1 titled "Labelling/Dry cleaning/Family Laundering" was developed more than 3 years ago and updated February 2012 to address the labeling requirements of resident clothing. It requires staff to apply a label to the clothing with a heat stamp and that the label is marked with permanent marker. No information is available in the policy regarding how staff will ensure that the clothing is marked in a dignified manner and whether the items are marked within 48 hours of admission and of acquiring new clothing.

During the inspection, many of the residents' clothing was observed to be missing a label or their names were marked directly on the clothing with permanent marker. Five residents were identified to have clothing items without a label. Out of these 5 residents, clothing was identified to be marked with permanent marker which had bled through many of the articles so that the resident's name could be seen through the fabric. This is considered to be undignified for the resident wearing the article. According to several residents, some of the families and the residents have been marking the clothing with permanent marker because they have not had success with staff to do it for them. Upon further investigation, another policy (CE-04-16-1) was found that allows families to mark clothing upon admission. In the home's admission package (pg 14), families are informed that all clothing be labeled and to give new clothes to the nursing station for labeling by the facility. The messaging is not clear and it is assumed that the families are responsible for labeling all clothing upon admission and with no clear direction as to how to do it.

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

Resident's personal clothing (darks and lights) are not sorted prior to washing. The washing and sorting process was reviewed with the full time laundry aide after observing a large gray bin full of unsorted dark and light coloured clothing stored in the laundry room. The clothing had just been removed from the washing machines. This practice is not an expectation of the home as per the administrator. However, the home's policy CE-04-14-1 titled "Sorting Laundry" does not address personal clothing sorting requirements.

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

The home's policy OH-04-15-1 or CE-04-16-1 titled "Personal Clothing" has been developed to manage resident's personal clothing. The policy briefly describes how lost items are reported or located but it is very general and is not reflective of current expectations of the home. The administrator developed a form titled "Missing Item Report Form" in May 2012 and notified staff about it's use. The forms are to be completed by staff, families or residents when items are missing. Staff are then to document what had been done and if the item cannot be found, the report is to be given to the administrator within 30 days for follow-up with the resident or family. Seven forms dating between May 1 and July 25, 2012 were posted on a bulletin board outside of the laundry room with no follow up action recorded.

During the tour of the laundry room, many articles of unidentified items were noted. The laundry staff and management staff reported that they did not know how long the items have been there and did not have any specific process to try and return them to residents. Unlabeled articles of clothing were also identified in residents' closets and staff have not been monitoring closets to remove them so they could be labeled.

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. (3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator. O. Reg. 79/10, s. 90 (3).

Findings/Faits saillants :

1. [O. Reg. 79/10, s. 90(3)] The licensee has not ensured that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power form an emergency generator.

The homes mechanical exhaust systems (approximately 8 units in total) were not functioning on October 23 or 24, 2012. The exhaust vents were checked in all of the tub rooms and random resident washrooms in different areas of the building. No exhaust was detected. The home's maintenance person did not know when the units had ceased to function, but reported that the heating and ventilation contractor had been in on October 22, 2012 to conduct their annual service. The service report was reviewed but the condition of the exhaust units was not reported. Verification was made with the company that several units were noted to be non-functioning but the inspection of the units was not part of their preventive maintenance contract. On October 25, 2012, the environmental services supervisor confirmed that the units are non-functional and that he checks the units himself. The home has plans to repair/replace the exhaust units but the expected date for completing the work is unknown at this time.

2. [O. Reg. 90(1)(b)] As part of the organized program of maintenance services under clause 15(1)(c) of the Act, the licensee of a long-term care home has not ensured that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

Remedial maintenance for the home is based on staff reporting disrepair on a maintenance request log. Schedules are in place for routine and preventive maintenance for some of the building and it's systems which are completed by the home's maintenance staff. Contracted services perform some preventive maintenance tasks as well, but this is not defined in the policies and procedures. Many of the tasks and processes completed by the maintenance person have not been developed into procedures and do not guide the maintenance person.

Procedures were identified for taking and monitoring water temperatures, care and maintenance of the generator and resident's electrical equipment but procedures are missing for operational systems such as gas fired appliances (hot water boilers, stoves, dryers), the home's heating and ventilation system (including exhaust system), refrigeration systems, plumbing systems, cooking and hot holding equipment, nurse call system, beds and other electrical and non-electrical equipment.

During the inspection the following was found to be in disrepair and no remedial maintenance had been scheduled or documented for these issues according to the maintenance person:

* The flooring material in the 400 wing tub room was observed to be lifting and missing tiles under and around the tub area.
*100 wing soiled utility room - hot water faucet on hand sink not functional.
*200 wing soiled utility room - hopper running heavily
*400 wing soiled utility room - hot water faucet on hand sink not functional
*600 wing soiled utility room - cold water faucet on hand sink not functional

The tub in the 400 wing tub room was observed to be in poor condition. The inner shell of the tub is no longer smooth and easy to clean. The top surface layer was observed to be peeling, exposing another layer underneath and the disinfectant system was not functional. The tub is over 15 years of age and is no longer part of a comprehensive preventive maintenance program which was completed by the manufacturer on an annual basis up until several years ago. The technician reported to the home several years ago that the tub would no longer be serviced as parts could not be obtained due to the age of the tub and that the tub needed to be replaced. According to the technician, the former management of the home had the surface of the tub re-glazed and continued to use the tub. In discussions with the current management, the tub was taken out of service following the inspection on November 1, 2012 and a new tub is slated for 2013.

Tub and soiled utility rooms are not on a routine preventive checklist unlike resident rooms which are audited 2x per year.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

The home is not a safe and secure environment for its residents.

During the inspection of resident rooms on October 23 and 24th, 2012, many of the overbed lights were found to have numerous objects of various sizes and weights on them. The objects ranged from heavy ceramic and glass vases, picture frames, figurines, stuffed animals and baskets/containers with dried floral arrangements. The lights are designed to illuminate the room from both below and above the light fixture, are not anchored to hold excess weight and are located directly over resident beds. A risk is present that a light fixture may loosen under the additional weight, that an object may fall off the light fixture (and onto a resident or staff member) and that a heat susceptible object may become overheated from the heat of the light bulb and start to smoke. The administrator reported that she is are aware of this safety hazard and had informed families and residents earlier in the year to remove these objects, however, the expectation has not been consistently enforced by staff.

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

Issued on this 15th day of November, 2012

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

B. Susnik