



**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  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 30, 2015	2015_413500_0018	CSC-030800-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

Chartwell Master Care LP  
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

PINE GROVE LODGE  
8403 Islington Avenue North Woodbridge ON L4L 1X3

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

NITAL SHETH (500), CECILIA FULTON (618), JOELLE TAILLEFER (211), SARAN  
DANIEL-DODD (116)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): November 17, 19, 20, 23, 24, 25, 26, 2015.**

**During the course of the inspection, the inspector(s) spoke with the executive director (ED), director of care (DOC), dietary manager, environmental service manager (ESM), director of family services, resident assessment instrument (RAI) coordinator, nurse manager, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), housekeeping aides, maintenance aide, laundry aide, residents, and family members.**

**During the course of the inspection the inspector(s) conducted observations of residents and the home areas, medication administration, meal service delivery, staff to resident interactions, reviewed clinical health records, staffing schedules/assignments, minutes of Residents' Council and Family Council meetings and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping  
Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Personal Support Services  
Residents' Council  
Skin and Wound Care**



During the course of this inspection, Non-Compliances were issued.

6 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

### 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.



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

**Specifically failed to comply with the following:**

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**

**(a) drugs are stored in an area or a medication cart,**

**(i) that is used exclusively for drugs and drug-related supplies,**

**(ii) that is secure and locked,**

**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**

**(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**

**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

On November 23, 2015, at approximately 1:00 PM, the medication cart on an identified home area was observed to be unlocked and unsupervised. The inspector was able to open the drawers and gain access to the contents inside. Interviews held with RPN # 104, ED#106 and DOC#107 confirmed that the medication carts are to be locked at all times when not supervised. [s. 129. (1) (a)]

2. The licensee has failed to ensure that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

On November 2015, at approximately 1:00 PM, the medication cart on an identified home area was observed to be unlocked and unsupervised. The stationary cupboard in the medication cart where controlled substances are stored was observed to be unlocked.

Interviews with RPN # 104, ED#106 and DOC#107 confirmed that the stationary cupboard in the locked medication carts are to be locked at all times when not supervised. [s. 129. (1) (b)]

***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,***

- drugs are stored in an area or a medication cart that is secure and locked,***
- controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the following rights of residents are fully respected and promoted: every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Observation on November 2015, at 12:00 PM, in an identified dining room, revealed that PSW #100 scraped food from resident #015's mouth area using a spoon and mixed the scraped food with the food left in the resident's plate and fed the same food to the resident over and over. PSW #100 was also observed wiping the resident's mouth with a clothing protector with the availability of a paper napkin on the resident's dining table.

Interview with PSW #100 confirmed that he/she should not feed scraped food to the resident and should not use the clothing protector to wipe the resident's mouth. The PSW recognized these actions did not promote the resident's dignity.

Interview with RPN #101, and dietary manager #102 confirmed that PSW #100 did not maintain the resident's respect and dignity as he/she fed scraped food to the resident and used a clothing protector to wipe the resident's mouth instead of the paper napkin. [s. 3. (1) 1.]

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8.  
Nursing and personal support services**



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**Specifically failed to comply with the following:**

**s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is,  
(a) an organized program of nursing services for the home to meet the assessed  
needs of the residents; and 2007, c. 8, s. 8 (1).  
(b) an organized program of personal support services for the home to meet the  
assessed needs of the residents. 2007, c. 8, s. 8 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

A review of the home's policy related to infection prevention and control, revised January 2015, indicated if a resident is identified with a specific infection, the resident will be placed on contact precaution for direct care. A contact precaution sign should be posted on the door or at the bedside of the resident.

A review of resident #013's written plan of care revealed that the resident was identified with a specific infection and staff were to follow specified precautions and use appropriate Personal Protective Equipment (PPE), gloves and gown when providing care.

Observation on November 2015, at 1:00 PM, revealed there was no contact precaution sign placed on the resident's door or at the bedside.

Interview with PSW #120 confirmed that he/she did not see a contact precaution sign on the resident's door since he/she started his/her work and also on a day when he/she worked on the same floor three days before. He/she did not wear a gown when providing direct care to the resident. He/she used gloves to provide direct care to the resident.

Interview with the housekeeping aide #113 revealed that up until a few days ago the contact precaution sign was not posted on the resident's door.

Interview with RN #117 confirmed that the resident was previously identified with a specified infection and there was no contact precaution sign posted at the resident's door or bedside.

Interview with RN #117 and RPN #101 confirmed that staff are required to wear a gown and gloves to provide direct care to the resident and before entering into the resident's room.

Interview with the Infection Control and Program (IPAC) lead #121 and DOC #107 revealed that the contact precaution sign was always there on the door however, somehow, it was taken by someone. Staff are required to wear a gown and gloves to provide direct care to the resident who is identified with a specific infection as per the policy and the procedure of the home. [s. 8. (1) (b)]



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**WN #4: 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 has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

a.) On two identified days in November 2015, inspectors #116 and #211, observed the mesh fabric on the back of the shower chair discoloured with brown and yellow stains in an identified shower room.

Interview with PSW #108 revealed that the mesh fabric on the back of the shower chair is stained and he/she used the shower chair for a resident this morning but did not apply the disinfectant on the shower chair because there was no disinfectant in the room.

Review of the Shower and Shower/Commode Chair cleaning of the home Long-Term Care Staff Guide Book dated September 2014, indicates the care staff giving a shower is responsible to disinfect the shower and the shower/commode chair following a shower.

Interview with the Resident Assessment Instrument (RAI) Coordinator #119 and Environmental Services Manager (ESM) confirmed that the mesh fabric was stained and needed to be replaced. An order for a new kind of fabric for the shower chair was sent on a specified day in November 2015, but was back ordered until an identified date in January 2016.

b.) On two identified days in November 2015, inspectors #116, #500 and #211 observed

yellow dry streaks of dirt on the back of the weight scale chair in an identified tub room. Interview with PSW #115 revealed that the back of the weight scale chair was dirty. Interview with PSW #114 revealed that the weight scale chair should be wiped after each use.

Review of the housekeeping calendar forms for October 2015 and interview with the ESM indicated that each shower room and tub room including the weight scale chair are sanitized (deep cleaned) monthly on an identified date and signed by the housekeeping aide. The calendar forms indicated that the tub rooms on the third floor were sanitized in October 2015.

Review of the home's policy #LTC-CA-WQ-205-0201 titled "Infection Control Manual" dated January 2015, indicated that all used equipment should be cleaned and disinfected as soon as possible after use and definitely prior to use by or for another resident.

ESM and DOC confirmed that the weight scale chair on the third floor was dirty and all the weight scale chairs should be cleaned after each use. [s. 15. (2) (a)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #011 had impaired skin integrity to the specified area. The interventions under the written plan of care directed the staff to provide ongoing monitoring of the affected skin area and complete weekly skin assessments as directed.

A review of the health record for resident #011 revealed that a weekly skin assessment was not conducted for an identified week in October 2015.

An interview with RPN #101 confirmed that the weekly skin assessments are to be conducted by the registered staff member that is completing the dressing change to ensure that there is ongoing monitoring. [s. 50. (2) (b) (iv)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation****Specifically failed to comply with the following:**

**s. 116. (5) The licensee shall ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented. O. Reg. 79/10, s. 116 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented.

Interviews held with the ED, DOC and registered staff members indicated that an annual evaluation of the medication management system was conducted for 2014. The home was unable to provide a written record of the results of the annual evaluation and of any changes that were implemented. [s. 116. (5)]



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**Issued on this 3rd day of December, 2015**

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

**Original report signed by the inspector.**