



**Ministry of Health and
Long-Term Care**

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

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

**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
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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 |
|--|---|--------------------------------|--|
| Oct 20, 2014 | 2014_280541_0032 | O-000999- 14 | Resident Quality Inspection |

Licensee/Titulaire de permis

LAND O'LAKES COMMUNITY SERVICES
12497A Hwy 41, PO Box 92, Northbrook, ON, K0H-2G0

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

PINE MEADOW NURSING HOME
124 Lloyd Street, P.O. Box 100, Northbrook, ON, K0H-2G0

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

AMBER MOASE (541), DARLENE MURPHY (103), SUSAN DONNAN (531)

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): October 6-10 and 14, 2014

In addition to this RQI, a complaint log was also completed

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Dietary Aides, Resident's and Family Members.

During the course of the inspection, the inspector(s) reviewed resident health care records, observed resident meal service, reviewed housekeeping and maintenance programs, reviewed infection control policies #02-02 and #02-04 and reviewed staff immunization records.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**

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 has failed to ensure that the home furnishings and equipment were



not kept clean and sanitary.

During the course of the inspection on October 6, 7, 8, 9, 10, and 14, 2014 the following Residents personal assistive service devices, assistive aids and positioning aids were observed unclean:

- Resident #12 wheelchair headrest, cushion and frame are soiled and the frame also has a build up of food residue along both sides of the seat frame
- Resident #4 walker frame , wheels and seat are visibly soiled
- Resident #27 walker seat has a build up of food residue, wheels are dirty
- Resident #10 wheelchair build up of food residue on the frame, attached hand splint is soiled
- Resident #2 top cover of electric scooter has a thick build up of residue
- Resident #37 walker has build up of food residue along the frame and seat, wheels are dirty.
- Resident #21 tilt chair has visible food crumbs on leg rest and stains in foot box
- Resident # 22 walker observed with whitish spills on the walker seat

On October 14, 2014 interviews with S#100, S#101, S103, S#105 and S#107 confirm that personal assistive service devices assistive aids and positioning aids are to be collected by evening staff and cleaned by night staff of all residents schedule to have a bath on the following day.

October 14, 2014 in an interview with S#102, S#105 and review of the bath schedule rotation confirm that the personal assistive service devices should have been cleaned twice weekly in accordance with the bath schedule. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a good state of repair.

The following observations were made by Inspectors #103, #531 and #541 during the inspection period:

Room 103 - Left lower wall is scuffed and scarred, chips in drywall

Room 108 - Scuffed bathroom wall, tiles under the sink are stained, bathroom counter stained, rust in base of toilet, sink drain is rusted and base of toilet where it meets the floor has rust evident

Room 109 - Floor by toilet is scuffed and stained and toilet is rusted in base of toilet



bowl

Room 110 - Sink taps are corroded, drain of sink has missing finish

Room 111 - Drywall behind the lounge chair has puncture holes in the wall; bathroom door frame is damaged on the bottom corner, rubber seal around the toilet is filled with dirt

Room 114 - Wall in disrepair at corner right at entrance of room, baseboard is missing along the edge. Bathroom has area of wall surface and paint missing; bathroom door is heavily scarred on inside, sink taps are corroded, base of toilet has rust stains evident

Room 115 - Floor around toilet is stained and bathroom door is scarred on inside of door, toilet bowl is rusted, corrosion around sink taps

Room 201 - Wall in bathroom has small areas of scarring on left as you enter the room. Taps for bathroom sink are corroding, there is rust at the sink drain, base of toilet bowl has finish missing and base of toilet has rust evident at caulking

Room 202 - Toilet paper holder is rusting, bathroom door is scarred at bottom on inside of door, base of toilet is rusty, toilet at floor has rust evident, taps are corroding and drain is missing finish.

Room 206 - Floor in bathroom is discolored, toilet paper holder is rusted, sink taps are corroded, drain is rusted and missing finish, toilet bowl has rust evident and base of toilet at floor edge is rusted

Room 207 - Wall in front of bed has been patched but not painted

Room 210 - Wall in front and behind bed has areas of disrepair

Room 213 - Wall in bathroom has large gauge along the bottom that has not been repaired

Room 214 - Walls in bathroom have been patched but not painted

Room 215 - Wall in room and around bathroom door has many areas of disrepair [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 the home, furnishings and equipment are kept clean and sanitary and maintained in a good state of repair, to be implemented voluntarily.



WN #2: 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,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that lingering offensive odors in resident bathrooms have been addressed.

During the course of the inspection inspectors observed lingering offensive odors in the following resident shared bathrooms in the morning after cleaning, and again in the afternoon:

The following bathrooms observed as having a urine type odor and black/brown build up on the floor surrounding the bottom of the floor surrounding the toilet bowl:

- rooms checked on Oct. 6, 7, 8, 9, 10 and 14th, 2014 at 900 hrs and again at 1200 hrs and 1500 hrs after rooms were cleaned and floors washed by housekeeping.
- Resident #9 and #26 shared bathroom observed as having a lingering offensive urine odor
- Resident #25 shared bathroom observed as having a lingering offensive urine odor
- Resident #12 shared bathroom floor surrounding the toilet bowl is discolored and has a lingering offensive urine odor
- Resident #10 shared bathroom has a lingering urine odor
- Resident #37 and #15 shared bathroom has a lingering urine odor
- Resident #4 and #27 shared bathroom has an offensive lingering odor

On October 14th, 2014 S#101, S#107, and S#108 confirm that bathrooms are cleaned daily, including floors and Methair mist is sprayed in the bathrooms with lingering odors.

On October 14, 2014 during an interview with the Administrator and Director of Care they confirmed they are aware of the lingering odors and that the toilets and floors in the bathrooms require replacing to correct the problem. [s. 87. (2) (d)]



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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 procedures are developed and implemented for cleaning and disinfection of personal assistive services devices, assistive aids and positioning aids and to ensure that lingering offensive odors in resident bathrooms have been addressed, to be implemented voluntarily.

Issued on this 20th day of October, 2014

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