Ontario

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 prévue le Loi de 2007 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

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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection/ Genre d'inspection
Aug 21, 2014;	2014_214146_0013 (A1)	H-000740-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

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

PINE VILLA NURSING HOME
490 HIGHWAY #8, STONEY CREEK, ON, L8G-1G6

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

BARBARA NAYKALYK-HUNT (146) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

At the request of the Licensee, this compliance date has been extended to October 15, 2014.

Issued on this 21 day of August 2014 (A1)

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

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

BARBARA NAYKALYK-HUNT (146) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): June 16, 17, 18, 19, 20, 23, 24, 25, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), Environmental Services Manager (ESM), Registered Dietitian (RD), Food Services Manager (FSM), Manager of Business Services, Program Manager, Resident Assessment Instrument (RAI)Coordinator, registered staff, Personal Support Workers (PSW's),dietary staff, housekeeping staff, residents and family members.

During the course of the inspection, the inspector(s) toured the home, observed residents, reviewed policies and procedures, resident health records, staff files and meeting minutes.

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

Food Quality

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Residents' Council

Safe and Secure Home

Skin and Wound Care

Trust Accounts

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. 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 did not ensure that (b) controlled substances were 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).
In June 2014, observed storage cupboard for discontinued narcotics located in the locked medication room. The wooden wall cupboard had two side by side doors which were partially secured by a long padlock attached to the two opposing door handles. The inspector pulled on the doorhandles, noted a large gap under the doors and was able to slip a hand under the doors and remove a package of narcotic tablets. The narcotics were not under double lock. [s. 129. (1) (b)]

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007, 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, (a) the home, furnishings and equipment were kept clean and sanitary.
(A) In June 2014, it was observed that the dining room was unclean with food splatter on the walls. The servery countertop had dried food matter lodged in the groove of the countertop's recessed rail.
(B) In June 2014, there was a build up of grime observed in the corners of floor of the servery.
(C) On two dates in June 2014, the kitchen was observed to have dirt and grime on floor around the doorway and dirt on the floor in the dry food storage room and under the food racks.
(D) A review of the complaint log indicated that there have been two instances of family complaints about lack of cleaning and environmental services in resident care areas in 2014.
The observations were confirmed by the Environmental Manager and the Food Services Manager. [s. 15. (2) (a)]

2. The licensee of a long-term care home shall ensure that, (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).
(A) Resident areas were observed to require repair on: the walls in the bathroom of room 14; the walls, floor and baseboard in the bathroom of room 11; the walls in the dining room and the flooring in the hallway outside rooms 15 and 16 had ripples and uneven divotted tiling.
(B) Areas requiring repair were observed in the kitchen and food storage areas: peeling surfaces on freezer door and refrigerator door; disintegrating wood on bottom of cupboard at floor level under juice machine; and loose flooring producing a gap under the cupboard between the stove and prep area. A tour was conducted with the Environmental Manager who confirmed the areas needed repair.
(C) A Food Safety Inspection Report INS-035-02131-16 from Hamilton Public Health Services dated November 12, 2013 indicated there was dirt and debris in hard to reach areas of the kitchen and the walk-in cooler still required resurfacing. A second report INS-035-02207-17 dated January 20, 2014 indicated kitchen cleaning and repairs were outstanding and analyzed the risk as high.

A tour was conducted with the Environmental Manager who confirmed the areas needed repair. [s. 15. (2) (c)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 001

WN #3: The Licensee has failed to comply with LTCHA, 2007, 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:
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
9. Every resident has the right to have his or her participation in decision-making respected. 2007, c. 8, s. 3 (1).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the following rights of residents were fully respected and promoted: 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

(A) In June 2014 staff were transferring a resident out of bed. The resident's privacy curtain was not pulled.
(B) In June 2014, a resident was observed being pushed in a bath chair by a PSW in the hallway. The resident was naked except for a bath towel covering the torso. There were other staff and residents in the hallway. The charge RN witnessed the incident and stated that the practice was unacceptable and confirmed that staff are not supposed to be transferring a resident in an undressed state. [s. 3. (1) 8.]

2. The licensee did not ensure that the following rights of residents were fully respected and promoted: 9. Every resident had the right to have his or her participation in decision-making respected.

A resident was observed to be weeping and upset. The staff had made an immediate change to the resident's care plan without consulting the resident. The DOC confirmed that the home did not respect or promote the resident's right to have participated in decision-making in this instance. [s. 3. (1) 9.]

3. The licensee did not ensure that the following rights of residents were fully respected and promoted: 11. Every resident has the right to: iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).
In June 2014 the medication nurse was observed to dispose of medication packets labelled with residents' full name and the names of the medications into the general garbage. The nurse confirmed that this was the normal practice in the home and agreed that resident personal health information was not being protected. [s. 3. (1) 11. iv.]

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 following rights of residents are fully respected and promoted: 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007, 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 :

1. The licensee did not provide a safe and secure environment for residents of the Long Term Care Home on certain dates in June 2014. Residents had unsupervised, unrestricted access to the servery with a steaming hot water/coffee machine and hot steam table. Staff stated that the barrier, a movable counter was supposed to be in place when the area was unsupervised. However, the barrier was not in place. [s. 5.]

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.

WN #5: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. Staff did not collaborate in the development of residents' plans of care so that the different aspects of care were integrated, consistent, and complemented each other.

(A) The nursing section of a resident's plan of care identified a goal for a minimum amount of fluids daily that differed from the RD's fluid goal. The RD confirmed that the two areas were not consistent. The resident was at high risk for dehydration.
(B) Aspects of a resident's plan of care were not consistent with each other. One section of the plan had a goal for weight loss and another section of the plan had a goal for weight maintenance.
This information was confirmed by the health record and the RD. [s. 6. (4) (b)]

2. The licensee did not ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs changed or care set out in the plan was no longer necessary.

(A) A resident's health record indicated two differing states of continence assessed. Interview with the registered staff confirmed the care plan was not revised when the resident's continence care needs changed. (511)
(B)A resident was noted to be at a moderate risk for impaired skin integrity. The plan included an intervention for impaired skin that no longer existed.

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 (4)(b) staff and others involved in the different aspects of care of the resident collaborate with each other in the development and implementation of the plan of care so that different aspects of care are integrated and are consistent with each other, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee did not ensure that the following rules were complied with: 2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

(A) In June 2014 a door that led to the laundry chute was open, not equipped with a lock, and allowed access to an open, unsecured hatch that had an opening of approximately 24 cm by 24cm to the basement.
(B) The door to a storage room on first floor main hallway in the resident room area was not equipped with a lock and was not supervised. The door accessed a room that contained numerous mechanical lifts and transfer devices. Interview with the Administrator confirmed the doors lead to non-residential areas and were not equipped with locks to restrict unsupervised access to those areas by residents. [s. 9. (1) 2.]

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 following rules are complied with: 2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (1) Every licensee of a long-term care home shall ensure that there is,
(a) an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents; and 2007, c. 8, s. 11. (1).
(b) an organized program of hydration for the home to meet the hydration needs of residents. 2007, c. 8, s. 11. (1).

Findings/Faits saillants :

1. The licensee did not ensure there was an organized program of hydration for the home to meet the hydration needs of residents.

(A) A policy related to hydration was not in place to direct staff how to monitor the fluid intake of residents, how to identify risks not related to hot weather, and action to take when problems were identified. The RD and registered nursing staff confirmed a policy addressing hydration was not in place except for the "Hot Weather Guidelines" policy, which did not include direction for staff on non hot weather days and for monitoring daily hydration for residents at risk. Staff were inconsistent in their knowledge of what was considered poor fluid intake, when to refer to the RD for assessment and what the home's standard for provision of fluids was. A system was not in place for the prompt identification of concerns related to hydration as the food and fluid intake records were not routinely reviewed by the nursing staff to identify trends and poor intake of residents at risk.
(B) The hydration needs of residents were not being met:
(i) An interdisciplinary assessment that included the resident's current hydration requirements was not available on a resident's clinical health record.
(ii) A resident was not offered milk or coffee/tea (as per the home's "Daily Provision of Fluids" policy NS-05-01) at two observed lunch meals, and a breakfast meal in June 2014. The resident was observed bringing the empty glass to their mouth repeatedly during the meal, however, staff did not obtain more fluids for the resident until asked by the inspector. When more fluids were brought to the resident they drank an additional 250 ml. The resident's documented fluid intake was not consistently accurate (addition errors, recorded intake did not reflect actual intake).
This information was confirmed by the resident health records and staff. [s. 11. (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 there is an organized program for the home to meet the hydration needs of residents, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the home was equipped with a resident-staff communication and response system that, (a) could be easily seen, accessed and used by residents, staff and visitors at all times.

(A) In June 2014, a resident was observed lying in bed yelling out to be assisted out of the bed. The resident's call bell was hanging behind the head board of the bed and the resident could not access it.(146)
(B) A shared bathroom was observed to have a short 5cm call bell cord that was located approximately 160 cm from the floor, near the toilet. Interview with the registered staff on duty confirmed the shortened call bell could not easily be accessed by the resident who used the bathroom. (511)
(C) In June 2014 a resident was observed in bed with the call bell wrapped around the side rail at the back of the bed and out of reach of the resident. The resident confirmed they could not reach the call bell. (107)
(D) In June 2014, a resident was loudly calling for help. The inspector went to the resident and the resident was motioning to press the call bell. The resident's call bell was out of reach of the resident. (107) [s. 17. (1) (a)]

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 equipped with a resident-staff communication and response system that, (a) can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (2) The licensee shall ensure that each menu,
(b) provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time. O. Reg. 79/10, s. 71 (2).

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. (A) Not all menus provided for a variety of foods, including food groups in keeping with Canada's Food Guide. Canada's Food Guide requires a minimum of three servings of meat/meat alternates for men 51+ years and a minimum of seven servings of grains for men 51+ years. Male residents over the age of 51 years were living at the home.
(i) The planned menu for Week 3 Thursday did not include a minimum of seven servings of grains for the pureed menu. The pureed menu for the lunch meal did not include a grain and the dinner menu did not include a serving of grains for the second choices.
(ii) The planned menu for Week 1 Thursday dinner meal did not include a protein choice (fettuccine Alfredo). The sauce used for the fettuccine contained two grams of protein per quarter cup serving. A protein choice was not offered at either snack and only half a serving of meat/meat alternatives was offered at the breakfast meal (one egg). The minimum servings of protein were not offered for the day.

(B) The menu did not provide a variety of foods each day (Weeks 1 & 3 of the menu reviewed).
(i) Cookies were served on six out of seven days for the Week 1 & 3 afternoon snack menu. Documentation did not reflect that this was a resident request.
(ii) The same snacks were repeated throughout the evening snack menus for both weeks, resulting in limited variety and some of the items were also served at meals (sandwiches).
(iii) The breakfast meal did not contain a variety of items - was the same daily, with the exception of adding bacon on Sundays for both weeks. Documentation did not reflect that the same breakfast daily was a resident request from the Food Committee/Resident's Council.
(iv) Both choices for the lunch meal Thursday Week 3 contained cheese. If residents did not like cheese they would not have a choice of entree.
(v) Salad type sandwiches were served three days in a row for the lunch meal Week 1

(Monday chicken salad, Tuesday tuna salad, Wednesday egg salad).
(vi) A protein choice was not offered with the lunch meal Week 3 Tuesday lunch (waffles and strawberries). The other choice at the meal contained a protein serving. [s. 71. (2) (b)]

2. Not all planned menu items were offered and available at each meal and snack.
(A) Milk was on the planned menu, however, was not offered to most residents requiring assistance with eating and requiring thickened fluids, resulting in reduced nutritive value of the meals and reduced hydration.
(B) At two lunch meals in June 2014 and a breakfast meal, none of the residents requiring thickened fluids were offered milk. Staff stated the juices came pre-thickened, however, if residents wanted thick milk it would have to be prepared by staff. Staff confirmed there was no pre-thickened milk on the beverage cart that was taken around the dining room. When offering fluids to the residents they were not asked if they would like milk. A resident required thickened fluids and was not offered milk at any of the observed meals. The resident stated they liked milk. At the supper meal the resident was offered milk and consumed it.
(C) The nutritional value of the meal for a resident who required assistance with eating, was reduced as they were not offered milk with meals.

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 (2)(b) each menu provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time and (4)all planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service; O. Reg. 79/10, s. 72 (7).

Findings/Faits saillants :

1. Not all food was served using methods that preserved taste, nutritive value, appearance and food quality.
(A) A resident was being assisted with the breakfast meal. The PSW assisting the resident had mixed together pureed bread, pureed eggs and jam and was feeding it to the resident. No reason was provided for mixing the food together. Another resident had their pureed broccoli and pureed potatoes and cheese (entree) mixed together without asking the resident. The same staff member was identified at both the breakfast and lunch meals.
(B) The regular texture menu offered perogies with sour cream and bacon bits at the lunch meal in June 2014. Residents receiving a pureed texture received instant mashed potatoes with cheddar. The nutritive value and taste of the substitution was reduced (no grain serving - was not served with pureed bread) and tasted like instant mashed potatoes. Sour cream was also not offered to residents receiving the pureed menu. The portion/serving size of perogies was three which would not provide a full serving of protein.
(C) At the observed lunch meal, serving methods that preserved appearance and food quality were not used. The soup was portioned into a mug for tray service and was running down the sides of the mug. The mug was not wiped and when the entree was portioned (pureed) the lid was placed into the food on the plate. The items were not wiped prior to providing the tray to the resident.
(D) Too much fluid was added to the pureed menu items, resulting in reduced nutritive value, appearance and food quality at the lunch meal in June 2014. The pureed danish was like soup with too much fluid added and the pureed broccoli and grilled cheese did not hold their form on the plate. [s. 72. (3) (a)]

2. The licensee did not ensure that there were policies and procedures for the safe operation and cleaning of equipment in the food production system. The Food Services Manager confirmed these policies were not currently in place. [s. 72. (7) (a)]

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 all food is served using methods that preserve taste, nutritive value, appearance and food quality, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The daily menu was not communicated to residents receiving a pureed menu at the lunch meal June 19, 2014.
(A) Residents being fed the pureed menu were not informed what the items were prior to being fed. One staff member assisting residents was unable to tell the inspector what the items were that they were feeding to the residents.
(B) Residents on a pureed menu were served their dessert with their entree, however, staff were unable to identify what the item was on the residents' plates.
(C) One of the residents receiving a pureed menu stated they were not informed what the menu items were at the meal.
(D) The menu for the pureed texture varied from the regular menu (instant mashed potatoes with cheese versus perogies with sour cream and bacon), however, this was not communicated on the weekly menus. Variations for the pureed menu were not communicated on the weekly menus. [s. 73. (1) 1.]

2. Not all meals were served course by course for residents requiring a pureed menu.
(A) At a lunch meal in June 2014 residents receiving a pureed texture menu were served their entree and dessert together. The residents had not asked for this and staff confirmed that they decided to serve all of the items together on the same plate.
(B) At a breakfast meal in June 2014 residents receiving a pureed texture meal were served their hot cereal at the same time as their hot entree. One resident received their pureed meal at 0832 hours and started with their hot cereal. The resident did not start eating their eggs until 0900. During stage one of the inspection, the resident had voiced concerns that their eggs were cold at the breakfast meal. [s. 73. (1) 8.]

3. Proper techniques, including safe positioning of residents, were not used at the breakfast in June 2014.
A resident was being fed in a reclined position. The resident was not safely positioned for eating and had a history of swallowing difficulties/dysphagia. Staff confirmed the resident was not positioned correctly and raised the head of the resident's bed. The resident's plan of care required the resident to be in an upright position for eating. [s. 73. (1) 10.]

4. A resident who required assistance with eating and drinking was served their meal prior to staff being available to provide the assistance at a lunch meal in June 2014.
(A) Soup was placed on the table for a resident while the staff member was assisting two other residents with eating. The resident's soup sat on the table for at least 10 minutes while the other two residents were being assisted. [s. 73. (2) (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 the home has a dining and snack service that includes (8) course by course service of meals for each resident, unless indicated by the resident or by the resident's assessed needs and (10)proper techniques to assist residents with eating, including safe positioning are used, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 77. Food service workers, minimums

Specifically failed to comply with the following:

s. 77. (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2) for,
(a) the preparation of resident meals and snacks; O. Reg. 79/10, s. 77 (1).
(b) the distribution and service of resident meals; O. Reg. 79/10, s. 77 (1).
(c) the receiving, storing and managing of the inventory of resident food and food service supplies; and O. Reg. 79/10, s. 77 (1).
(d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service. O. Reg. 79/10, s. 77 (1).

Findings/Faits saillants :

1. Food service worker hours provided by the home were insufficient to meet the minimum staffing hours as calculated in the regulation.
The legislation required a minimum of 40.95 hours per day of food service worker staffing, based on 41 residents residing in the home and 50 residents residing in the retirement home. Calculations were based on three meals daily for all of the residents, food prepared in the same kitchen, and staff who completed duties in both the nursing home and retirement home areas. The home was providing 36.5 hours per day, based on the posted staffing schedule for May 18-June 14, 2014, resulting in a shortfall of 4.45 hours per day of food service worker hours. The FSM confirmed that the staffing schedule provided to the inspector was the most current staffing schedule. [s. 77. (1)]

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 there are sufficient food serve workers for the home to meet the minimum staffing hours as calculated under subsection (2), to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. The licensee did not ensure that the following requirement was met with respect to the restraining of a resident by a physical device under section 31 or 36 of the Act: 1. The staff did not apply the physical device in accordance with the manufacturer's instructions.

In June 2014 a resident was observed in a reclining chair with a device in place. The device was not applied according to the manufactures instructions. [s. 110.]

2. The licensee did not ensure that every use of a physical device to restrain a resident under section 31 of the Act was documented, including all assessments and reassessments.

A review of the health care record for a resident indicated that a physical restraint device was to be used. Interviews with the Administrator and a member of the registered staff confirmed that the most recent Quarterly Physical Restraint Assessment was not documented. [s. 110. (7) 6.]

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 following requirement is met with respect to the restraining of a resident by a physical device under section 31 or 36 of the Act: The staff shall apply the physical device in accordance with the manufacturer's instructions, to be implemented voluntarily.

WN #14: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee did not ensure that the following immunization and screening measures were in place: 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

Clinical record review confirmed that two residents were not offered or provided tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website upon their admission. Interview with the registered staff confirmed the residents were not offered the immunization screening measures. [s. 229. (10) 3.]

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 residents are offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website, to be implemented voluntarily.

WN #15: The Licensee has failed to comply with LTCHA, 2007, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee who received a written complaint concerning the care of a resident or the operation of the long-term care home did not immediately forward it to the Director. 2007, c. 8, s. 22 (1).
(A) A review of the complaint log revealed that:
(i) in February 2014, the home received a written complaint (email) from the family of a resident concerning the care of the resident. The written complaint was not sent to the Director.
(ii) in May 2014, the home received a complaint letter from the family of another resident concerning resident care and environment. The written complaint was not sent to the Director.
The Administrator confirmed that written complaints in email format were not submitted to the Director. [s. 22. (1)]

WN #16: The Licensee has failed to comply with LTCHA, 2007, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following:

s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and 2007, c. 8, s. 29 (1).
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings/Faits saillants :

1. Every licensee of a long-term care home, (a) shall ensure that there is was a written policy to minimize the restraining of residents and to ensure that any restraining that was necessary was done in accordance with this Act and the regulations; and (b) shall ensure that the policy was complied with.

Two residents had both been identified in the clinical records to have a physical restraint in place. A review of the home's Least Restraint Guidelines, policy RC-04-10-15.2, effective June 1, 2011 and revised May 1, 2012 stated the required documentation for this policy included an Alternative Treatment sheet. The DOC provided a copy of the Alternative Treatment to restraints sheet for review and confirmed this document was not being used in the home to assess for alternate treatments to restraints as provided for in the above policy. [s. 29. (1) (b)]

WN #17: The Licensee has failed to comply with LTCHA, 2007, s. 31. Restraining by physical devices

Specifically failed to comply with the following:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).

Findings/Faits saillants :

1. The licensee did not ensure that when restraining of a resident by a physical device was included in a resident's plan of care alternatives to restraining the resident were not considered nor tried where appropriate and would not, or had not been, effective to address the risk referred to in paragraph 1.

A resident's clinical records identified the resident had a restraint. There was no assessment identifying that alternatives to restraining were considered or tried. The DOC confirmed the home had not considered alternatives. [s. 31. (2) 2.]

WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.

Findings/Faits saillants :

1. The licensee did not ensure that each resident of the home received individualized personal care, including hygiene care and grooming, on a daily basis.

(A) In June 2014 in the morning, a resident requested to be shaved and a member of the front line staff was notified of this request. At 1530 hours on the same day, the resident approached the nursing station visibly upset and requested again to be shaved as it had not yet been done.

WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care

Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the resident received oral care to maintain the integrity of the oral tissue, including mouth care in the morning and evening and/or cleaning dentures.

(A) In June 2014 at 1130 hours, a resident reported to the inspector that their teeth had not been cleaned that morning. The document the home refers to as the care plan instructed staff to provide oral hygiene at morning care and bedtime care; to use oral sponge and mouth wash since resident was not able to swish. Confirmed with PSW #1 that morning care was completed prior to 1130 hours. PSW #1 reported that oral care was completed with PSW #2 present at the time, however PSW #2 denied any oral care being done for the resident that morning. [s. 34. (1) (a)]

WN #20: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following:

s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

Findings/Faits saillants :

1. The licensee did not ensure that each resident of the home received fingernail care, including cutting of fingernails.

(A) In three days in June 2014, a resident was observed to have unclean and ungroomed fingernails. According to the resident's plan of care, the resident was to have nail care provided on each weekly bath day. An interview conducted with a member of the front line staff, confirmed that the resident had not received nail care on the resident's most recent bath day and that the resident's fingernails were presently unclean and ungroomed. [s. 35. (2)]

WN #21: 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 did not ensure that, as part of the organized program of housekeeping under clause 15 (1), procedures were developed and implemented for, (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

The shared bathroom in room 11 had a very strong urine odour on all dates of this inspection. The floor was observed to have a dark staining between the tiles, yellowish staining at the base of the toilet and a stickiness underfoot. The housekeeper confirmed that the odour was strong and she was unable to control the odour even with twice daily cleaning of the floor and use of deodorizers. The housekeeper stated that a resident urinated on the floor and perhaps the urine was under the tiles and the tiles should be replaced. The environmental manager verified the odour was there. The home had not been successful in addressing the lingering odour. [s. 87. (2) (d)]

WN #22: The Licensee has failed to comply with O.Reg 79/10, s. 241. Trust accounts

Specifically failed to comply with the following:

s. 241. (7) The licensee shall,
(f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement; and O. Reg. 79/10, s. 241 (7).

s. 241. (8) A resident, or a person acting on behalf of a resident, who wishes to pay a licensee for charges under section 91 of the Act with money from a trust account shall provide the licensee with a written authorization that specifies what the charge is for, including a description of the goods or services provided, the frequency and timing of the withdrawal and the amount of the charge. O. Reg. 79/10, s. 241 (8).

Findings/Faits saillants :

1. The licensee did not ensure the provision to the resident, or to a person acting on behalf of a resident, of a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident’s funds as of the date of the statement.

A resident's Power of Attorney (POA) for finance stated they received only two statements detailing trust account transactions in March and June 2013 and none in 2014. The POA confirmed they had made deposits to the trust account in 2013. Interview with the Manager of Business Services revealed that the Manager took over charge of the home's trust accounts in January 2014 and could not confirm that the POA of the resident had received a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident’s funds in 2013 and 2014. [s. 241. (7) (f)]

2. A resident, or a person acting on behalf of a resident, who wished to pay a licensee for charges under section 91 of the Act with money from a trust account had not provided the licensee with a written authorization that specified what the charge was for, including a description of the goods or services provided, the frequency and timing of the withdrawal and the amount of the charge.

A resident's financial records did not include a written authorization from the POA for withdrawals from the resident trust account that specified what the charge was for, including a description of the goods or services provided, the frequency and timing of the withdrawal and the amount of the charge. The Home's policy REC-01-05-02 confirmed all withdrawals from the resident client's account would be authorized in writing using the Authorization of Recreation Money withdrawal form. Interview with the Administrator confirmed no written authorization was received from the POA. [s. 241. (8)]

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:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 s. 129. (1)	CO #901	2014_214146_0013	146

Issued on this 21 day of August 2014 (A1)

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

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

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
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Télécopieur: (905) 546-8255

Amended Public Copy/Copie modifiée du public de permis

Name of Inspector (ID #) / Nom de l'inspecteur (No) : BARBARA NAYKALYK-HUNT (146) - (A1)

Inspection No. / No de l'inspection : 2014_214146_0013 (A1)

Appeal/Dir# / Appel/Dir#:

Log No. / Registre no. : H-000740-14 (A1)

Type of Inspection / Genre d'inspection: Resident Quality Inspection

Report Date(s) / Date(s) du Rapport : Aug 21, 2014;(A1)

Licensee / Titulaire de permis : THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

LTC Home / Foyer de SLD : PINE VILLA NURSING HOME
490 HIGHWAY #8, STONEY CREEK, ON, L8G-1G6

Name of Administrator / Nom de l'administratrice ou de l'administrateur : LISA PALADINO

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

To THE THOMAS HEALTH CARE CORPORATION, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 901

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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
(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).

Order / Ordre :

The licensee shall ensure that the stationary cupboard storing the discontinued narcotics is double-locked in the locked medication room.

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Grounds / Motifs :

1. The licensee did not ensure that (b) controlled substances were stored in a separate, double-locked stationary cupboard in the locked area. O. Reg. 79/10, s. 129 (1).
In June 2014, the storage cupboard for discontinued narcotics located in the locked medication room was observed. The wooden wall cupboard had two side by side doors which were secured by a long padlock attached to the two opposing door handles. The inspector pulled on the door handles, noted a 10 centimetre gap under the doors and was able to slip a hand under the doors and remove a package of narcotic tablets. The stationary cupboard was not secured by double lock. (146)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Immediate

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007, 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;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(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).

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that (a) the home, furnishings and equipment are kept clean and sanitary; and (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. The plan is to be submitted to Barb Naykalyk-Hunt by end of business day July 25, 2014 by mail at 119 King Street West, 11th Floor, Hamilton, Ontario, L8P 4Y7 or by e-mail to barbara.naykalyk-hunt@ontario.ca.

Grounds / Motifs :

1. Previously issued January 2013 as a CO.
The licensee did not ensure that, (a) the home, furnishings and equipment were kept clean and sanitary.
(A) In June 2014, it was observed that the dining room was unclean with food splatter on the walls. The servery countertop had dried food matter lodged in the groove of the countertop's recessed rail.
(B) In June 2014, there was a build up of grime observed in the corners of floor of the servery.
(C) On two dates in June 2014, the kitchen was observed to have dirt and grime on floor around the doorway and dirt on the floor in the dry food storage room and under the food racks.
(D) A review of the complaint log indicated that there have been two instances of family complaints about lack of cleaning and environmental services in resident care areas in 2014.
The observations were confirmed by the Environmental Manager and the Food Services Manager. (146)

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

2. The licensee of a long-term care home shall ensure that, (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).
(A) Resident areas were observed to require repair on: the walls in the bathroom of room 14; the walls, floor and baseboard in the bathroom of room 11; the walls in the dining room and the flooring in the hallway outside rooms 15 and 16 had ripples and uneven divotted tiling.
(B) Areas requiring repair were observed in the kitchen and food storage areas: peeling surfaces on freezer door and refrigerator door; disintegrating wood on bottom of cupboard at floor level under juice machine; and loose flooring producing a gap under the cupboard between the stove and prep area. A tour was conducted with the Environmental Manager who confirmed the areas needed repair.
(C) A Food Safety Inspection Report INS-035-02131-16 from Hamilton Public Health Services dated November 12, 2013 indicated there was dirt and debris in hard to reach areas of the kitchen and the walk-in cooler still required resurfacing. A second report INS-035-02207-17 dated January 20, 2014 indicated kitchen cleaning and repairs were outstanding and analyzed the risk as high. (146)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Oct 15, 2014(A1)

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 21 day of August 2014 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : BARBARA NAYKALYK-HUNT - (A1)

Service Area Office /
Bureau régional de services : Hamilton