

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

# Rapport d'inspection prevue le Loi de 2007 les foyers de soins de longue durée

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

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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	Licensee Copy/Copie du Titulaire Public Copy/Copie Public				
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection			
December 7 and 8 ,2010	2010_192_2853_07Dec093925	Complaint H-01909			
Licensee/Titulaire Liuna Local 387 Nursing Home (Hamilton) Corporation, 44 Hughson Street South, Hamilton, Ontario, L8N 2A7					
Long-Term Care Home/Foyer de soins de longue durée Queen's Gardens, 80 Queen Street North, Hamilton, Ontario, L8R 3P6					
Name of Inspector(s)/Nom de l'Inspecteur(s)					
Debora Saville Nursing Inspector # 192					
Inspection Summary/Sommaire d'inspection					
The purpose of this inspection was to conduct a complaint inspection.  During the course of the inspection, the inspector spoke with: The Administrator, Environmental Supervisor, Director of Care, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.  During the course of the inspection, the inspector: observed supplies in all home areas, observed resident care.					
The following Inspection Protocols were used during this inspection: Laundry Inspection Protocol					
Findings of Non-Compliance was 1 WN 1 VPC	vere found during this inspectio	n. The following action was taken:			



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## NON-COMPLIANCE/(Non-respectés)

#### Definitions/Définitions

WN = Written Notifications/Avis écrit

VPC - Voluntary Plan of Correction/Plan de redressement volontaire

DR = Director Referrat/Régisseur envoye
CO -- Compilance Order/Ordres de conformité
Compilance Order/Ordres: travaux

WAO - Work and Activity Order/Ordres: travaux et activitiés

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 sulvant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le Loi de 2007 les foyers de soins de longue dureé à trouvé. (Une exigence dans le loi comptend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente lol" au paragraphe 2(1) de la loi.

### WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 89(1)(b)

As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents:

#### Findings:

- 1. December 7, 2010, Personal Support Workers (PSW), confirmed that there are not enough linens to complete resident care on some shifts.
- 2. On December 7, 2010, linen supplies in the rooms on one of the home areas were checked by the inspector - 5 of 9 rooms did not have adequate linen supplies of towels and face cloths for resident use.
- 3. On December 7, 2010 the linen cart on one home area was checked there was inadequate supply of clean linens available for the care to residents.

Inspector ID #: Nursing Inspector #192

### **Additional Required Actions:**

VPC - pursuant to the LTC 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, ensuring that there are adequate linen supplies for all residents in all home areas on all shifts, to be implemented voluntarily.

Signature of Licensee of Designated Representative Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.		
		apra Soulle	February 9, 2011	
Title:	Date:	Date of Report (If differe	nt from date(s) of inspection).	