



**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  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 16, 2019	2019_755728_0005	004895-19	Other

**Licensee/Titulaire de permis**

Sharon Farms & Enterprises Limited  
108 Jensen Road LONDON ON N5V 5A4

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

Strathcona Long Term Care  
720 Princess Street MOUNT FOREST ON N0G 2L3

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

MARIA MCGILL (728), KRISTAL PITTEr (735)

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



**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): March 4-8, 11-15, and 19-21, 2019.**

**The following intakes were completed during this post-occupancy inspection:  
Log # 004895-19, related to post-occupancy.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Acting Director of Care (Acting DOC), the Assistant Director of Care/ BSO Lead (ADOC), the Director of Dietary Services, the Activity Manager, the Nurse Clerk, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Activity Aides, Physiotherapy Assistants (PTA), Dietary Aides, Housekeeping, residents, and family members.**

**The inspector(s) conducted a tour of the home, reviewed clinical records and plans of care for relevant residents, reviewed pertinent policies and procedures, and interviewed residents and staff.**

**Observations were made of general maintenance, cleanliness, condition of the home, equipment in the home, infection prevention and control practices, provision of care, staff to resident interactions, dining, various call bells, identified pre-occupancy requirements, and required Ministry of Health and Long-term Care postings.**

**This inspection was completed concurrently with critical incident inspection, 2019\_755728\_0006.**

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

**Accommodation Services - Housekeeping**

**Dining Observation**

**Infection Prevention and Control**

**Personal Support Services**

**Safe and Secure Home**



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

4 WN(s)  
3 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

#### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place policy, the policy was complied with.

In accordance with LTCHA, 2007 s. 86 (2) (b), the licensee was required to ensure that the infection prevention and control program for the home included measures to prevent the transmission of infections.

Specifically, staff did not comply with the licensee's policy regarding "Equipment Cleaning Disinfection, Sterilization", last revised May, 2017, which is part of the licensee's infection prevention and control program.

A basket containing unlabeled spring loaded nail clippers and scissors were observed on a cabinet in the second floor tub room during the tour of the home.

PSW #115 stated that the RNs use these tools for diabetic foot care.

RN #118 said that the scissors and spring loaded nail clippers were used by registered staff for diabetic nail care but should not have been left in the tub room. RN #118 reported that these tools were to be kept in the treatment cart. They said that they used an alcohol swab to clean these tools before they were used for diabetic nail care, and that they had never received any instruction regarding cleaning them. RN #118 reported that the scissors and spring loaded nail clippers were used for multiple residents.

DOC#103 said that heavy duty spring loaded nail clippers were not an individualized tool for each resident, and it was expected that they would be disinfected between each use. DOC #103 said that the heavy duty spring loaded clippers were to be kept in the treatment cart on each floor. They stated that staff were expected to use a peroxide based cleanser supplied by Ecolabs to clean nail care tools. The nail care equipment required a minimum of five to ten minutes of contact time with the solution before tool use. DOC #103 stated that cleaning nail care tools with alcohol did not meet the expectation for cleaning as outlined in the home's policy and that a more highly concentrated peroxide based solution was supposed to be used.

The Cleaning and Disinfection Decision Chart, Appendix B, within the home's policy entitled "Equipment Cleaning Disinfection, Sterilization Policy – IC-D-70", indicated that nail care equipment used on multiple residents required a high level of disinfectant and six percent hydrogen peroxide solution was to be used for 30 minutes to achieve high level disinfection.

The licensee failed to ensure that the policy regarding "Equipment Cleaning Disinfection, Sterilization – IC-D-70", last revised May, 2017, was complied with. Specifically, staff did not comply with the disinfection procedure for nail care tools. [s. 8. (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 the procedure to clean and disinfect nail care equipment in the "Equipment Cleaning Disinfection Sterilization - IC-D-70 policy, is complied with, to be implemented voluntarily.***

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**WN #2: 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 :**

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks and those doors were kept closed and locked when they were not being supervised by staff.

On March 4, 2019, the housekeeping closet located in the dining room alcove was observed to be unlocked. The closet contained chemicals used by the housekeeping staff.

RPN #113 said that residents had access to the dining room and that the housekeeping closet should have been locked. Staff member #106 said that they had identified concerns of the door not being locked properly on a few occasions recently.

Director of Dietary Services #105 who oversees housekeeping, stated that the housekeeping cupboard in the dining room alcove was to be kept locked and was considered to be a non-residential area.

The licensee failed to ensure that the housekeeping closet in the alcove of the dining room was kept locked to restrict unsupervised access 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 all doors leading to non-residential areas must be equipped with locks and those doors were kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**





The licensee has failed to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Resident #005 reported that they preferred to be bathed a specified way, a specified number of times each week. They said that sometimes their bathing was missed when staff were busy. Resident #005 denied refusing their bathing or being away from the home during the time period that their bathing was missed.

Review of the bathing task in PCC indicated resident #005 preferred to be bathed by a specified method of their choice at an identified number of times weekly. There was no documentation of a completed bath or shower between February 15 and March 1, 2019.

PSW #100 and RPN #101 reviewed bathing in Point of Care (POC) and reported that resident #005's plan of care identified that the resident preferred to be bathed by a different method and number of times weekly than what resident #005 said when interviewed.

RPN #101 said that there was no documentation that a bath or shower was completed between February 15 and March 1, 2019. RPN #101 said that they later spoke to resident #005 and they confirmed their preference and that the RPN would update the resident's plan of care.

The licensee failed to ensure that resident #005 was bathed, based on the resident's preference. [s. 33. (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 each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***





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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

On March 4, 2019, the housekeeping closet located in the dining room alcove on the second floor was observed to be unlocked. The closet contained the following chemicals: concentrated foam hand soap 1.3L; ultra concentrated acid bathroom cleaner 1.3L; bio-enzymatic odour eliminator 1.3L; and, ultra concentrated glass cleaner 1.3L. There were no staff members observed in the dining room area.

On March 4, 2019, and March 5, 2019, there was a red bin observed filled halfway with Oasis 146 Multi-Quat liquid sanitizer on a cart in the dining room alcove on the first and second floors, respectively. Residents could access the dining room alcove and there were no staff present in the dining room area on either occasion.

A review of the Safety Data Sheets (SDS) for the Oasis 146 Multi-Quat liquid sanitizer included hazard warnings for causing severe skin burns and eye damage. The QC 50 Ultra Concentrated Glass Cleaner contained warnings related to causing serious eye irritation. The SDS for the QC 93 Ultra Concentrated Acid Bathroom Cleaner included hazards related to causing eye irritation. The SDS for the QC 77 Bio-Enzymatic Odour Eliminator contained a warning for causing serious eye irritation.

Staff #107 said that they were to keep the sanitizer used to clean tables in the serverly so that it was locked and inaccessible to residents. RPN #113 said that the housekeeping closet that was unlocked contained chemicals that were not to be accessible to residents.

Director of Dietary Services #105, said that the red bins containing sanitizer were to be kept in the serverly so that it was not accessible to residents and should not have been left in a space accessible to residents with no staff present. They also said that the housekeeping door was to be locked so that chemicals were not accessible by residents.

The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times. [s. 91.]



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**Issued on this 16th day of May, 2019**

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

**Original report signed by the inspector.**