

Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105 Waterloo, ON, N2V 1K8 Telephone: (888) 432-7901

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	Original Public Report
Report Issue Date: November 28, 2023	
Inspection Number : 2023-1585-0008	
Inspection Type:	
Proactive Compliance Inspection	
Licensee: Regional Municipality of Waterloo	
Long Term Care Home and City: Sunnyside Home, Kitchener	
Lead Inspector	Inspector Digital Signature
Mark Molina (000684)	
Additional Inspector(s)	
JanetM Evans (659)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 14-17, 20-22, 2023

The following intake(s) were inspected:

• Intake: #00101266 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration Medication Management Safe and Secure Home



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Quality Improvement

Pain Management

Falls Prevention and Management

Skin and Wound Prevention and Management

Resident Care and Support Services

Residents' and Family Councils

Infection Prevention and Control

Prevention of Abuse and Neglect

Staffing, Training and Care Standards

Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Orientation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2)

The licensee failed to ensure that a Dietary Aide had completed the orientation training prior to performing their duties.

Rationale and Summary:

A Dietary aid started working at the home in 2022. Surge user education for 2022 for the Dietary Aide showed courses had been assigned but none had been completed.



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The Dietary Aide did not complete the following required training prior to performing their duties as per the FLTCA 2021, s. 82 (2):

- 1. The Residents' Bill of Rights.
- 2. The long-term care home's mission statement.
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
- 4. The duty under section 28 to make mandatory reports.
- 5. The protections afforded by section 30.
- 6. The long-term care home's policy to minimize the restraining of residents.
- 7. Fire prevention and safety.
- 8. Emergency and evacuation procedures.
- 9. Infection prevention and control.
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
- 11. Any other areas provided for in the regulations.

A note from the Executive Director (ED) to the Inspector documented that the Dietary Aide had not completed the required training.

Failure to ensure that all staff complete the required trainings may result in staff not understanding how to manage situations that arise, in accordance with the legislative requirements or the home's policies and procedures.

Sources: Surge user education status 2022, note from ED, interview with ED and Supervisor of staffing and scheduling. [659]



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WRITTEN NOTIFICATION: Housekeeping

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

The licensee failed to ensure that the cleaning and disinfecting procedures as part of the organized program of housekeeping was implemented for the spa rooms.

Rationale and Summary

The home's policy for bathing system disinfecting stated that Arjo Huntleigh disinfectants would be used and thorough disinfection routines were necessary to prevent the build-up of bacteria on and in the equipment and to prevent cross – contamination, particularly in cases where the Parker bath was used in a shared facility. Staff were directed to disinfect the tub after each resident to prevent cross contamination and were to follow the disinfection instructions.

A Personal Support Worker stated that they used either the Arjo product which was proloaded in the spa tub or they used the spray bottle if the tub sprayer was not functioning. The spray bottle was labelled as RMC-envirocare-neutral-disinfectant. They said they were not certain of the actual timelines for the disinfectant, but waited 5 min and then finished cleaning the tub.

Manufacturer instructions for both disinfectant products documented the wait time as 10 minutes for disinfection.

The Infection Prevention and Control (IPAC) lead stated the timelines for disinfection of the tubs using the recommended product was 10 minutes.

Failing to follow the manufacturer instructions related to disinfecting the tubs puts



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the home and residents at risk for cross contamination or transmission of infectious agents.

Sources: Manufacturer's instructions for use Arjo and RMC Envirocare neutral disinfectants, Bathing System - Parker Tub Operating and Disinfecting, Policy #b-23, approval date July 28, 2022, interviews with PSW and IPAC lead [659]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee has failed to ensure that a report was prepared on the continuous quality improvement (CQI) initiative for the home for the fiscal year no later than three months after the end of the fiscal year, and, subject to section 271, shall publish a copy of each report on its website.

Rationale and Summary

A 2022/2023 interim quality improvement report was posted on the home's website, however, a 2023 CQI initiative report was not posted for the fiscal year ending on March 31, 2023.

The CQI Committee Lead stated that a 2023 CQI initiative report was not prepared by the home.

Failure to prepare a CQI initiative report is a missed opportunity to track and share the home's progress with residents and their families and staff, related to all actions



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taken to improve the long-term care home, and the care, services, programs, goods and outcomes from year to year.

Sources: Interview with CQI Committee Lead, home's website [000684]