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 there is monitoring and documentation of the resident's response to and effectiveness of drugs, to be implemented voluntarily.

WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 216. Training and orientation program

Specifically failed to comply with the following:

s. 216. (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 76 and 77 of the Act. O. Reg. 79/10, s. 216 (1).

Findings/Faits saillants :

1. The licensee had not ensured that a training and orientation program for the home was developed and implemented to provide the training and orientation for agency staff as required under section 76 of the Act.

The home covered between 50-100 shifts per month with agency registered nurses (RNs) and registered practical nurses (RPNs) in September, October and November 2012. There were at least two RNs and four RPNs that were regularly scheduled in advance in order to meet the needs of the home. The home had provided orientation by having the agency staff work with staff on the unit before working independently. However, the home did not have an orientation program developed and implemented to ensure all mandatory training required under the Act was completed before staff performed responsibilities in the home. This was confirmed by the acting Executive Director. [s. 216. (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 an orientation program is developed and implemented for agency staff working in the home, to be implemented voluntarily.

WN #20: 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. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,
(b) cleaning and disinfection; O. Reg. 79/10, s. 229 (3).

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

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 had not designated a staff member to co-ordinate the infection prevention and control program who had education and experience in infection prevention and control practices, including cleaning and disinfection.

The designated staff member coordinating the infection prevention and control program at the home is a registered nurse, however the designated staff member confirmed she does not have experience and education with respect to cleaning and disinfection. [s. 229. (3) (b)]

2. The licensee has not ensured that all staff participate in the implementation of the infection prevention and control program.

Various practices in the home were observed with respect to the handling of resident personal care devices such as nail clippers, bed pans, urinals, washbasins and communal equipment such as tubs and shower/commode chairs as well as hand washing. Poor handling and inadequate sanitation may lead to the spread of infection.

a) Staff were observed during a lunch meal service taking dirty dishes off the tables then helping residents clean their hands and face without washing their own hands between the tasks. Staff confirmed the expectation was to clean their hands after clearing dirty dishes and before assisting residents or serving the next course.

b) During a noon medication pass, a registered staff did not wash hands before or after administering eye drops, inhalers, injections and checking capillary blood sugar for three separate residents.

c) The home's infection control policy and procedure (LTC-I-305) had been developed but does not reflect entirely the processes that are in place at the home, such as the use of the dishwashers in soiled utility rooms. The policy gives direction to staff to clean and disinfect all items (bedpans, urinals, commode chairs, nail clippers, wash basins, tubs) using liquid cleaner/disinfectants after each use. The staff of the home use liquid disinfectants only on the tubs. The remaining equipment/articles are either not disinfected at all or are wiped with a disinfectant wipe. The procedures that are available and can be applied to this particular home are not being followed by the majority of the nursing staff.

d) Washbasins, which are stored under the sinks in all resident washrooms, were

observed on November 28, 29 and 30th to contain soapy water in most resident washrooms on both 1st and 2nd floors. According to staff, the practice has been to fill the basin, provide resident care, empty the basin in the bathroom sink, rinse it (in some cases) and return the basin back under the sink. No cleaning or disinfection takes place. In addition to the requirements in LTC-I-305, night shift staff are required to deep clean the basins once per week using the dishwasher in the soiled utility rooms. In reviewing these logs, weekly cleaning does not occur consistently each week, based on missing signatures. Basins in six rooms were observed on November 29 & 30th to have a visible layer of soap scum on the interior and documented as being cleaned on November 23 and 24th. For the week of Nov 18-24, none of the basins in 10 rooms were signed off as being cleaned.

e) Bed pans and urinals were observed to be visibly soiled, either with feces or urine, in nine rooms and in the DeCew tub room on the toilet tank. A commode pot with urine stains and an odourous urinal was located in one room on both November 29 and 30th. Policy LTC-I-305 requires that staff label bedpans, however a number of them were not labelled. The bedpans were either hanging on hooks in washrooms or left lying on toilet tanks in resident washrooms. Urinals were observed in various locations, such as on a bed rail, night table, on toilet tanks in common washrooms or in resident washrooms. These items are also required to be cleaned and disinfected after use.

f) A commode chair or shower chair (used for both purposes) was observed to have fecal material on the underside in the Montebello tub room where no toilet is provided on both November 28 and 29, 2012. Two commode pots also had yellow liquid in them on November 28, 2012. One of the two pedestal tubs in the tub room was heavily soiled with an unknown brown substance which had been dumped into the tub on November 27th. The substance had clogged the drain and was still draining on November 28, 2012. The tub was not cleaned by November 30, 2012. The home has a deep cleaning schedule for staff to clean the commode chairs once per week and to disinfect the chairs after or between each use. According to staff, they do not use a liquid disinfectant, but a disinfectant wipe. As these commode chairs are being used daily by over 12 residents for toileting purposes, weekly cleaning is insufficient and not a best practice to prevent the transmission of infections.

g) Nail clippers, those that are being used communally on residents, were being disinfected between use, however the staff were not following the manufacturer's or

the home's instructions on the proper use of the product. In two of the tub rooms, a container filled with an unknown liquid and nail clippers immersed within the liquid was observed. The liquid had material floating in it and nail clippings on the bottom of both containers. The containers had no label or safety information on them except for a statement that the nail clippers must only be left immersed for 10 minutes. During the inspection, it was noted that the clippers remained in the liquid for many hours. Staff confirmed that the liquid is changed once every 10 days or so as per manufacturer's instructions. The requirements and safety information of the product was reviewed and the manufacturer requires that staff clean the clippers of visible matter before immersing in the liquid. The contact time is 10 minutes and due to the corrosive nature of the product, the home has limited immersion time to reduce the deterioration of the clippers. [s. 229. (4)]

3. The licensee had not ensured that residents were offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedule.

A review of the immunization records for five residents admitted to the home within the past year revealed that none of these residents had been offered immunizations against tetanus or diphtheria.

During an interview with the home's Infection Control Nurse, it was confirmed that the home is currently not offering immunization against tetanus and diphtheria to residents. [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 all staff participate in the implementation of the infection prevention and control program and that all residents be offered immunizations against tetanus and diphtheria, to be implemented voluntarily.

WN #21: 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 had not ensured that all residents received fingernail care, including the cutting of fingernails.

a) Resident #885 was observed on two days, with unclean, untrimmed fingernails, despite being observed after a bath on one of those days. Documentation reviewed and staff interviews confirmed the resident was not receiving nail care at each scheduled bath.

b) Resident #934 was observed with unclean, untrimmed fingernails. Staff interviews confirmed this observation. [s. 35. (2)]

WN #22: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following:

s. 78. (2) The package of information shall include, at a minimum,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)
(b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)
(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)
(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)
(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)
(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)
(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)

(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)
(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)
(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)
(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The licensee had not ensured the admission package provided to residents included the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

A review of the admission package revealed this policy was not included and this omission was confirmed by the Business Manager. [s. 78. (2) (c)]

WN #23: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :

1. The licensee had not ensured that the following required information was posted:

An explanation of the measures to be taken in case of fire. [s. 79. (3) (i)]

2. An explanation of evacuation procedures.

A review of the postings in the home was completed on November 27, 2012. Fire and evacuation procedures were not found. This was confirmed by the Environmental Services Manager. [s. 79. (3) (j)]

WN #24: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3); 2007, c. 8, s. 85. (4).
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any; 2007, c. 8, s. 85. (4).
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee had not ensured the results of the resident satisfaction survey and the actions taken to improve the long-term care home based on the results of the survey were documented and made available to Residents' Council.

The minutes of the Residents' Council meetings were reviewed for the past year. Information regarding survey results and action plans for improvements based on survey results were not documented in the minutes of the meetings for the survey completed in 2011. Staff were also unable to produce this documentation from other sources outside of the meeting minutes. Staff indicated the results and action plans from the 2012 survey were currently being compiled. [s. 85. (4)]

WN #25: 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,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. As part of the organized program of housekeeping under clause 15 (1)(a) of the Act, the licensee had not ensured that procedures were developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces.

The home's policies and procedures related to general flooring sanitation have not been implemented consistently by all housekeeping staff. Flooring surfaces were noted to be stained and not adequately cleaned in many resident rooms on the 1st floor. In addition, flooring material in ten rooms on the 1st floor were permanently discoloured, with blackened tiles in various spots throughout the room.

According to staff, the tiles have not had a protective wax layer applied for many years. [s. 87. (2) (a)]

WN #26: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and O. Reg. 79/10, s. 90 (1).
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee had not ensured that there were schedules and procedures in place for routine, preventive and remedial maintenance.

a) The home recently replaced flooring in poor condition in many resident rooms, corridors and dining rooms. However, during the inspection, a long tear was noted in the DeCew shower room floor and many resident rooms were observed to have cracked floor tiles, especially near the entrance to the rooms where the tiles were also "bumpy". A schedule had not been established to replace or repair these floors for 2012.

b) The metal door frames and doors in the various tub/shower rooms were heavily scratched and peeled. Paint chips were evident all over the floor. Routine painting had been established for these doors, however the schedule had not kept up with the need.

c) The particle board shelving located under resident bathroom sinks in some resident rooms were warped, worn and scratched and not easy to clean. No specific schedule has been established to maintain these shelves. [s. 90. (1)]

WN #27: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee had not ensured that all areas where drugs were stored were restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

On November 23, 2012, a Personal Support Worker confirmed having a key to the stock room containing government stock drugs. [s. 130. 2.]

WN #28: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,
(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and O. Reg. 79/10, s. 135 (1).
(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).

Findings/Faits saillants :

1. The licensee had not ensured every medication incident involving a resident and every adverse drug reaction was reported to the resident's attending physician.

Resident #705 was given three medications in error. A critical incident report was filed which indicated the physician had not been contacted regarding this incident.

A progress note in the resident's medical record confirmed the physician had not been informed of the incident until three days after the incident. [s. 135. (1) (b)]

WN #29: 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).

Findings/Faits saillants :

1. The licensee had not ensured that quarterly itemized statements were provided to the residents, or to persons acting on behalf of residents, respecting money held by the licensee in trust for the resident that included deposits and withdrawals.

Trust fund balances were provided monthly and residents and persons acting on behalf of residents were able to ask for information regarding deposits and withdrawals at any time, however quarterly statements showing deposits and withdrawals had not been issued.

This was confirmed by the Business Manager of the home. [s. 241. (7) (f)]

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**
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2012_027192_0024	171

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

Issued on this 4th day of January, 2013

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

Elisa Wilson, B Susmik, G. Hunter, M Tong, M Wauvenaar