



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

**Health System Accountability and Performance Division
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**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 21, 2013	2013_217137_0054	L-000923-13	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

ELMWOOD PLACE
46 ELMWOOD PLACE WEST, LONDON, ON, N6J-1J2

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

MARIAN MACDONALD (137), SALLY ASHBY (520), SHANNON WATT (525)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 20, 2013

During the course of the inspection, the inspector(s) spoke with Executive Director of Care, Director of Care, Assistant Director of Care, Environmental Service Manager, 2 Registered Staff, 1 Housekeeping Aide, 1 Physio Assistant, 1 Activity Aide, 1 Personal Support Worker, 5 Residents and 2 Family Members.

During the course of the inspection, the inspector(s) reviewed complaint and maintenance repair logs, toured resident home areas and observed call bell response times.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Infection Prevention and Control

Medication

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p>	<p>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.</p>
<p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, 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.



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Findings/Faits saillants :

1. The Licensee has failed to ensure that the home is a safe and secure environment for its residents as evidenced by:

During a tour of the home, Inspectors observed the hallway, near Second Floor tub room, to be cluttered with three commodes, one toilet, two cabinets, two glass light sconce covers, a sharps container and a long metal bracket, with sharp areas exposed, used to secure a radiator cover. The tub room is currently being renovated. The Environmental Services Manager removed the items after the Inspectors brought it to his attention.

Hazardous chemicals, in the same hallway, were observed to be accessible to residents, as well as an unattended and unlocked housekeeping cart, containing hazardous chemicals and scissors/screwdrivers/putty knives, was observed.

The Environmental Services Manager shared that the expectation is that the items should not be stored in the hallway and hazardous chemicals should be locked and not accessible to residents. He confirmed that the the home is not a safe and secure environment for its residents. [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 #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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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 :

1. The Licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place, is complied with as evidenced by:

A tour of the home revealed unlabeled toothbrushes, toothpaste, hair brushes and an electric razor in five shared washrooms, as well as bedpans, urinals and wash basins on the floor of five shared washrooms.

A review of the Routines Practices Policy # IPC-B-10, revised April 2013 revealed that all personal care items are to be labeled and stored in a clean dry area when not in use.

The Director of Care and Assistant Director of Care shared that the expectation is that bedpans, wash basins and urinals are to be stored in the soiled utility room when not in use and all personal items are to be labeled. Both confirmed that the policy had not been complied with. [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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place, is complied with, to be implemented voluntarily.



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WN #3: 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 are labeled properly and kept inaccessible to residents at all times as evidenced by:

During a tour of the home, Inspectors observed an unattended and unlocked housekeeping cart on Second Floor, containing hazardous chemicals such as 2 bottles of Virox, 1 bottle of Zyme odor eliminator and controller, 2 bottles Vert 2 Go cream and 2 bottles of Vert 2 Go washroom cleaner. Hazardous chemicals, such as tub disinfectant, body wash and skin conditioner, were observed in the Second Floor hallway, as well.

The Environmental Services Manager confirmed the expectation of the home is to have all chemicals locked away at all times when unattended and that the hazardous substances were not kept inaccessible to residents. [s. 91.]

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 hazardous substances are labeled properly and kept inaccessible to residents at all times, to be implemented voluntarily.



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WN #4: 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 failed to ensure that all areas where drugs are stored are kept locked at all times, when not in use as evidenced by:

During a tour of the home, Inspectors observed an unattended and unlocked medication cart on first floor.

The Director of Care confirmed that the medication cart was unlocked and unattended. She shared that the expectation is that the medication cart is to be locked when unattended. [s. 130. 1.]



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Issued on this 21st day of November, 2013

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

Marian C. MacDonald