



**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**

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 22, 2016	2016_195166_0037	013554-16	Resident Quality Inspection

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF TAUNTON MILLS
3800 Brock Street North WHITBY ON L1R 3A5

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

CAROLINE TOMPKINS (166), CRISTINA MONTOYA (461), SARAH GILLIS (623)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 5, 6, 7, 12, 13, 2016

Critical incident log #016808-16 related to a fall and log #019917-16 related to an alleged resident to resident abuse were inspected concurrently

During the course of the inspection, the inspector(s) spoke with Residents, Family members, Resident Council Chair, Family Council Chair, RAI Coordinator, Program Manager, Neighbourhood Coordinators, members of the Behavioural Support Team Ontario (BSO), Kinesiologist, Personal Care Aides(PCA) Registered Nurses (RN), Registered Practical Nurses(RPN), Housekeeping staff, Director of Care (DOC), Assistant General Manager and the General Manager.

During the course of the inspection , the inspectors observed resident to resident interactions, staff to resident interaction during the provision of care and medication administration. The inspectors toured resident home areas, resident rooms and common areas. Reviewed clinical documentation and the licensee's policies related to infection control, falls management, wound care and zero tolerance for abuse.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**



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	Legendé
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.

WN #1: 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 :

1. The licensee has failed to ensure that all doors leading to non-residential areas are locked to restrict unsupervised access to those areas by residents when they are not being supervised by staff.

During the course of the inspection, the following was observed;

December 5, 2016, at 1055 hours, during the initial tour in the Dunlop Neighborhood: The door to a soiled dirty utility room was unlocked and inspector #623 was able to enter the room without a code for the door lock. No staff were present in the hallway at the time. Two residents were noted to be walking in the hallway.

The following items were observed on the counter in the room;

- Vert – 2- go ED disinfectant on counter
- Clorox disinfectant wipes, disinfectant spray,
- Large sharps container with the lid off containing used razors, approximately half full.

December 5, 2016, during an interview, Housekeeper #123 indicated that if the door is closed properly then it locks automatically, the door was not pulled tight. RPN #124 was notified of the soiled utility room door not locking properly. RPN indicated that she would email maintenance to have them look at the door. RPN#124 indicated that the door should close and lock automatically, the utility room is considered a non-resident area.

December 6, 2016 at 1400 hours observation of the same soiled utility room, the door was unlocked and inspector #623 was able to gain access to the room. PCA #108 notified that door was unlocked. PCA indicated that sometimes this door does not always lock when staff leave the room. PCA confirmed that this room is a non-resident area and the expectation is that the door is to be locked at all times. PCA#108 pulled the door closed tightly and ensured that the lock was engaged.



December 12, 2016 at 1440 hours, the same soiled utility room was observed by inspector #623 to be propped open. No staff were present in the room or hallway at the time. Three residents were walking in the hallway. Three PCA's were at the far end of the hallway by the nursing station.

December 12, 2016, during an interview PCA#116 confirmed that the door to the soiled utility room is to be kept closed and locked at all times when staff are not present. PCA#116 indicated that the door had been propped open for easy access for staff.

December 12, 2016 at 1450 hours during an interview the Administrator confirmed that the door to the soiled utility room is to be closed and locked at all times when staff are not present. This room is not to be accessed by residents for their safety. [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 are kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,



labelled within 48 hours of admission and of acquiring, in the case of new items.

The following was observed December 5, 2016 during the initial tour of this inspection:

Perry Neighbourhood:

Tub room – unlabelled and used roll-on deodorant, hair brush unlabelled

Basket on shelf in tub room, unlabelled, used hair styling gel and paste , used unlabelled roll-on deodorant, unlabelled barrier cream and an electric razor unlabelled,

Dunlop Neighbourhood:

Tub room

-basket containing no-name deodorant stick (used), speed stick (used), unlabelled comb, lip balm (used), Tena soothing cream tube, natura body lotion. All items were unlabelled and had been used.

Stainless container with a "dirty clippers" label , observed 12 toe nail clippers and 1 large toe nail cutter all unlabelled and dirty.

Dryden Neighbourhood:

Tub room –unlabelled dirty nail clippers were observed laying on the top of a paper towel dispenser

Soiled Urinal (unlabelled) on grab bar behind toilet, soiled urine hat and dirty basin on floor beside toilet unlabelled.

2 used razors unlabelled on top of mirror, 3 used combs unlabelled on top of mirror.

During Stage 1 of the inspection, in specific identified residents' washrooms, the following was observed by inspectors #166 & 623:

-on the bathroom counters, unlabelled baskets containing razors, tooth brushes, combs, body lotions, dirty cups (all individual items unlabelled).

During an interview on December 13, 2016 PCA #115 and #125 indicated that resident care items are to be labelled and stored in a labelled basket in the resident's room.

These items are not to be stored in the spa rooms. PCAs also confirmed that there are no "shared" items such as toothpaste, lotion, barrier cream. Each resident is to have their own individual personal care items.

During an interview on December 13, 2016, the Director of Care confirmed that it is the home's expectation that all resident care items are to be individually labelled for resident use and stored in the labelled basket within resident rooms not bathroom counters or spa



rooms. [s. 37. (1) (a)]

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 has his or her personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission and of acquiring, in the case of new items and cleaned as required, to be implemented voluntarily.

WN #3: 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. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.
December 7, 2016, interview with the Assistant General Manager indicated the resident satisfaction survey has been developed by an outside organization, therefore the Residents' Council has no opportunity in the development and carrying out the survey. [s. 85. (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 that the licensee seeks the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care related to bathing choice is provided to resident #002 as specified in the plan.

During this inspection an interview with resident #002 indicated, the resident's preference for bathing was a tub bath twice a week. Resident #002 indicated prior to a room change he/she was receiving a tub bath. Resident #002 indicated since the room change, the time of day and the method of bathing has changed without resident consultation. Review of PCA flow sheet documentation related to bathing, interview with PCA #108 and resident #002 indicated a specific date in October 2016, was the last occasion the resident received a tub bath. A shower has been offered /given since that specific date in October 2016.

The plan of care and resident preference is to receive a minimum of two tub baths a week. [s. 6. (7)]



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Issued on this 22nd day of December, 2016

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

Original report signed by the inspector.