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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 27, 2014	2014_181105_0031	L-000945-14	Resident Quality Inspection

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

THE VILLAGE SENIORS COMMUNITY
101-10TH STREET, HANOVER, ON, N4N-1M9

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

JUNE OSBORN (105), CHRISTINE MCCARTHY (588), RUTH HILDEBRAND (128), RUTHANNE LOBB (514)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 14, 15, 18, 19, 20, 21, 2014

During the course of the inspection, the inspector(s) spoke with 40 Residents, 3 Family Members, 2 Activation Aides, 2 Cooks, 1 Housekeeping Aide, 5 Dietary Aides, 2 Registered Nurses, 4 Registered Practical Nurses, the Resident Assessment Instrument Coordinator, 15 Personal Support Workers/Health Care Aides, the Registered Dietitian, the Environmental Services Manager, the Nutrition Manager, the Recreation Program Manager, the Receptionist, the Acting Director of Care, and the Executive Director.

During the course of the inspection, the inspector(s) conducted a tour of the home, observed resident/staff interactions, meal/snack service and medication administration, reviewed medical records, policies, procedures and other related documents, inspected medication storage areas and areas of safety concerns.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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 plan of care set out clear directions to staff and others who provided direct care to the resident.

A review of the continence plan of care, including the kardex and care plan, indicated that Resident #014 was incontinent of bowel occasionally and incontinent of bladder frequently. Both indicated that the resident is on a toileting schedule.

Three Personal Support Workers indicated that the resident is always incontinent of both bowel and bladder and does not use the toilet.

The Resident Assessment Instrument coordinator acknowledged that the plan of care did not provide clear direction to staff and others who provide direct care to the resident and should have been updated. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the plan of care is provided to, the resident as specified in the plan.

a) A review of the plan of care, indicated that Resident #002 is to have side rails raised to assist with turning, bed in low position and locked, and a falling star logo in place to indicate a fall risk.

Observation of Resident #002 revealed the resident to be in bed sleeping with the side rails not available to enable assistance with turning, there was no evidence of a falling star logo, and the bed was not in a low position and locked.

A Registered Practical Nurse confirmed there was no falling star logo, bed rails were not in place, and the bed was not in a low position and locked there as the plan of care indicated.

b) Inspectors #128 and #105 were called to a resident's room by a resident who was concerned about their roommate.
The Inspectors observed Resident #016, in bed, with the hi-lo bed in a high position. The resident had a "falling star" logo used to identify a risk for falls.

A Registered Nurse verified that the bed was in a high position and lowered the bed to a low position.

A clinical record review revealed that the resident is at documented falls risk with interventions in place, including "bed is kept at low level and in locked position when in bed".

The Acting Director of Care confirmed that the care set out in Resident #016's plan of care was not followed and locked the bed in the low position.

c) Resident #014 had a nutrition risk assessment conducted by the Registered Dietitian, and orders were written.
Medical record review revealed that the order had not been implemented.
The Registered Dietitian and the Executive Director acknowledged that the care set out in the plan of care was not followed. [s. 6. (7)]

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 plan of care sets out clear direction to staff and others who provide direct care to the residents and that the care set out is provided to the 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

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 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, (b) is complied with.

A review of Classic Care Pharmacy, Medication Disposal –Narcotics/LTCH's, Policy Number 5.8.1, Revision Date, October 2010, revealed that the Medication Disposal Policy/Procedure is to include the following:

All narcotic and controlled substances, which are to be destroyed, are destroyed by a team consisting of a pharmacist and one member of the registered nursing staff appointed by the Director of Care.
9. The pharmacist and registered personnel sign and date the form in the spaces provided.

A Drug Destruction and Disposal Narcotic and Controlled Substances record from Medical Pharmacies, partially completed by the outgoing pharmacy provider, Medical Pharmacies, and partially completed by the current pharmacy provider, Classic Care Pharmacy, dated from 25/10/13-07/11/13, did not have the signature of the Pharmacist, the signature of the Director of Care or Registered Staff member who destroyed the medication, and the date that the medication was destroyed.

The Acting Director of Care confirmed that Classic Care Pharmacy's policies and procedures were to be followed for medication disposal and that the Drug Destruction and Disposal Narcotic and Controlled Substances record should have been co-signed by a member of the Registered Nursing staff or Director of Care and the Pharmacist, and dated, on the date that the narcotic and controlled substances were destroyed. [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 any plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 10. Elevators

Specifically failed to comply with the following:

s. 10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

Inspector #514 was able to enter the elevator on second floor, and go to the basement (first floor) and to the third floor (storage area). The following safety risks were identified:

• Access to the basement (first floor) allowed unattended and unlocked access to two maintenance rooms with maintenance tools, hammers, screwdrivers, wrenches and other power tools; unattended and unlocked access to two laundry room entrances with laundry chemicals on the floor of the laundry room and access to running industrial laundry washers and dryers; access to the "tunnel" walkway leading to the retirement home with unlocked access to the exterior of the building; an unlocked and unattended walk-in freezer and an unlocked and unarmed exit door.

• Access to the 3rd floor (storage area) allowed unattended and unlocked access to an unfinished building area designated for storage of home equipment and supplies which included walkers, lifts, air conditioners and recreation activity items.

The Acting Director of Care and the Executive Director confirmed these observations and acknowledged that these safety risks needed to be attended to immediately as residents should not have access to the exterior of the building.

The elevator access on the second floor was locked prior to the inspectors leaving the building August 14, 2014. [s. 10. (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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

The following beds were noted to use bed rails and had mattresses that did not fit the bed creating a potential entrapment risk:

Resident #005- no corner guards and mattress moves
Resident #015 - no corner guards - mattress moves
Resident #016 - corner guards on the bed mattress is too large for bed
Resident #017 - corner guards on the bed mattress is too large for bed
Resident #018 - mattress is too big for bed and moves despite corner guards on the bed
Resident #019 - corner guards on bed but mattress is too big for the bed

The Manager of Environmental Services and the Executive Director confirmed that these beds were valid potential entrapment concerns for these residents. The Manager of Environmental Services stated that he was conducting an audit of all beds for entrapment risks. [s. 15. (1) (b)]

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 where bed rails are used, steps are taken to prevent resident entrapment, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings, and equipment are kept clean and sanitary.

a) Observation revealed that in the Sunshine Room 11/48 wheelchairs and in the Rainbow Room 13/28 wheelchairs were noted to require cleaning.
The Acting Director of care verified that 24/76 wheelchairs, or 31%, required cleaning due to dust accumulation, liquid splashes, or debris of some nature being present. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Observation on August 20, 2014, revealed the following maintenance concerns:

Wall in hallway outside program office – 18 centimetres x 2 centimetres piece of drywall missing, significant paint chipped and scraped off wall.

Room 22-A – Paint chipped around bedroom door frame, corner wall drywall damage.

Hallway A – Black marks along lower hallway wall.

Room 21-A – Paint chipped around bedroom door frame, wood layer scraped and gouged off of inner bathroom door.

Room 20-A – Paint chipped around bedroom door frame, vinyl baseboard pulling away from wall at doorway, 300 centimetre strip of duct tape on bedroom floor covering separation in flooring, paint chipped and scraped on radiators, wooden closet doors scraped and gouged.

Bathroom 19-A – Paint chipped around inner and outer bathroom door and on corner of bathroom walls, bathroom sink chipped.

Bathroom 18-A – Paint chipped around inner and outer bathroom door, significant paint peeling and gouged off of bathroom walls, 8 stained flooring tiles and 1 tile with 7 centimetre piece of tile missing.

Room 18-A – Paint chipped around bedroom door frame.

Hallway to Room 18-A – 20 centimetres of drywall gouged and paint chipped on 2 corners.

Room 17A – Paint chipped around bedroom door frame, inner wooden door frame and bedroom door, wood gouged on closet doors, paint peeling off of window sills and paint chipped off of radiators, 3 small chips in floor tile.

Hallway to Bathroom 15-A - Drywall gouged and paint chipped on 2 corners and baseboard pulling away from one corner of hallway.

Bathroom 15-A – Paint chipped around door frame, area of peeled paint off of window sill.

Soiled utility door – Extensive paint chipped on door and door frame.

Room 14-A, 13-A, 12-A, 11-A – Wood chipped and scraped off of inner bedroom door frame and on wooden closet doors.

Room 8-A – Extensive paint peeling on bathroom walls, rusted bathroom sink drain hole, bathroom sink chipped, wood scraped off of bathroom door frame, significant wood scraping on outer bathroom door, hole in bedroom flooring by bedroom door.

Room 10-A – Metal corner lifted on baseboard heater, paint chipped on radiator, wood scraped on closet doors.

Bathroom 9-A – 5 centimetre hole in drywall, drywall damage around soap dispenser, paint scraped and chipped on bathroom walls, 88 centimetre strip of duct tape at doorway entrance to bathroom, significant paint chipped on inner bathroom doorway.

Nursing Station – Closet door below hand washing sink observed to be hanging from one hinge and was removed on August 14, 2014, piece of flooring tile 30 centimetres x 28 centimetre missing.

Room 7-A – Paint chipped on outer bedroom door frame and wood scraped on inner door frame, damage and pieces missing on 4 flooring tiles at bedroom door entrance, toilet base 4 centimetres from wall of bathroom, wooden window sill peeling.

Room 6-A – Damage to 2 flooring tiles at bedroom door entrance, 4 centimetres of drywall missing at corner of entrance to bathroom and 4 centimetres of exposed rusted metal corner guard, wood gouged and chipped around bathroom door and door frame, wooden window sills peeling.

Room 1-A – 10 centimetre length hole in wooden closet door, 110 centimetre length of duct tape on bedroom door, paint chipped and gouged on bedroom door frame, wood scraped on closet doors, extensive drywall gouged up to 1 centimetre deep and up to 30 centimetres length x 7 behind bed # 2, drywall gouged along length of bedroom wall, duct tape to air conditioner electrical cord pulling away from wall, extensive wood chipped and gouged on outer and inner bathroom door frame and bathroom door, significant bubbling and paint chipped from particle board window shelf, areas of no paint on wooden window sill and paint chipped on other areas of wooden window sill.

Room 3-B – 13 Cut hole in drywall 30 centimetres x 28 centimetres, wood gouged and chipped on inner bathroom door frame and door.

Room 2-B – Wood gouged and scraped on closet doors and on outer and inner bathroom door frame and door, 27 + cracked and damaged flooring tiles, extensive drywall and paint damage on lower bedroom walls, peeling and missing baseboard pieces at entrance to bedroom, 22 centimetres of exposed metal corner guard and drywall damage at entrance to bedroom, paint chipped and scraped x 80 centimetres on wall at end of bed # 3, significant bubbling and paint chipped from particle board window shelf, areas of no paint on wooden window sill and paint chipped on other areas of wooden window sill.

Room 5-A – Paint scraped off of metal radiator covers x 2, wooden windowsills peeling.

Hallway outside of Room 7-A – Wall indented and damaged behind baseboard.

Room 7-A - Wood gouged and chipped around bathroom door and door frame, wood gouged and scraped on closet doors.

Bathroom 10-B – Paint chipped on door and door frame, soiled caulking around toilet base.

Hallway B – Soiled Utility Room – Extensive paint chipping on door and door frame.

Room 12-B – Wood scraped and chipped on bathroom door and inner and outer door frame, soiled caulking around toilet base, vinyl baseboard piece missing at bathroom door, wood scraped on inner bathroom door and door frame and on closet door.

Room 13-A – Paint chipped on door frame entrance, peeling on wooden window sill.

Room 14B – Wood damage on bathroom door, wood scraped on bathroom door frame and bedroom door frame, wood damage to window sills.

Room 15-B – Extensive black marks to room door, wood scraped on inner bedroom door frame, wood damage on window sills, vinyl baseboard pulling away from wall x 60 centimetres, paint chipped on bedroom door frame.

Room 16-B – Paint chipped on door frame.

Room 18-A – Flooring tile damage x 2 tiles, Wood scraped on inner bedroom door frame.

Room 19-B – Paint chipped on bedroom wall, flooring tile damage x 2 tiles, wood damage on inner bedroom door frame and closet doors.

Room 20-B – Paint chipped on bedroom door frame, 13 centimetre area with gouged drywall and paint scraped area on bathroom wall, paint peeling in bathroom, 4 cracked and damaged flooring tiles at entrance of bedroom.

Bathroom 21-B – Paint chipped on outer and inner bathroom door frame, missing baseboard in bathroom, yellowed and aged baseboard glue on bathroom tile.

Sunshine Dining Room – Extensive paint chipping on inner and outer dining room door frame, significant paint scraped on length of radiator, 25 centimetres of vinyl baseboard pulling away from wall.

Rainbow Dining Room – Wood gouged and scraped on inner dining room door, water stains on 4 ceiling tiles.

Kitchen – Paint chipped on inner metal doors and door frame, extensive paint peeling on walls behind pot sink, visible rusting on kitchen vent piping, visible rusting along length of natural gas piping up the wall and along ceiling, peeling paint along entire length of stove vent.
Paint peeling and areas of paint chipped from walls of kitchen near supply cupboard, paint peeling off of wall below electrical breaker, extensive paint chipped on door and door frame of food supply cupboard, chipped off of inner and outer metal cupboard holding large mixer, extensive paint chipping and rusting around screw nails and corner joins of metal shelf holding coffee Bunn omatic, chipped paint on all slatted shelving under preparation tables x 3, paint chipped and peeling on the wall around the ice machine wall, rust on shelving holding metal cookie trays and lids, missing and chipped tiles on back splash of steamers, extensive paint chipped and rusting of corner guard x 20 centimetres under fire extinguisher at kitchen entrance, 3 wall tiles (14.5 cm squares) missing with significant drywall peeling and crumbling on wall underneath dishwasher counter. Rusting on floor 40 centimetres x 30 centimetres, below dishwasher, significant rusting on ceiling fan over dishwasher drying counter, 3 pieces of duct tape x 15 centimetres on tile wall above dishwasher drying counter, extensive rusting of metal slatted shelving below dishwasher drying counter, extensive dust particles attached to wall above dishwasher drying counter. Paint chipped and scraped on kitchen cupboards, one kitchen cupboard handle hanging and 5 cupboards with missing handles.

The above noted maintenance concerns were verified by the Executive Director. She also confirmed that it was the home's expectation that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

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 the home, furnishings, and equipment are kept clean and sanitary and also maintained in a safe condition and in a state of good repair, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

a) Observation revealed four windows in the Sunshine Dining Room had horizontal sliding window openings ranging from 37-40 cm in width.

The Acting Director of Care and Nutrition Manager acknowledged that these window openings were a safety risk and that the window openings should not be opened more than 15 centimetres. [s. 16.]

2. b) The following windows that open to the outdoors and were accessible to residents were measured on August 14 and 15, 2014 and were noted to not have a screen and opened greater than 15 centimetres (cm):

Rainbow Room Dining Room – 6 windows opened 45.72 cm and 2 windows had no screen;
Washroom 16A –opened 45.72cm; and
Room 20A – window opened 18.5 cm.

The Executive Director confirmed that the windows opened greater than the allowable 15 cm and stated "absolutely this is a safety risk to residents". The windows were restricted by August 15, 2014. [s. 16.]

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 every window in the home that opens to the outdoors and is accessible to the residents hs a screen and cannot be opened more than 15 centimetres, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 56. Residents' Council

Specifically failed to comply with the following:

s. 56. (2) Only residents of the long-term care home may be a member of the Residents' Council. 2007, c. 8, s. 56 (2)

Findings/Faits saillants :

1. The licensee has failed to ensure that all members of the Residents' Council are residents of the long-term care home.

Review of Residents' Council meeting minutes of 4 identified dates revealed the following:
a)19 residents and 3 family advocates attended.
b)21 residents and 2 family advocates attended.
c)22 residents and 2 family advocates attended.
d)16 residents and 2 family advocates attended.
This information was verified by Recreation Staff.

The Executive Director confirmed the home has encouraged family members to attend Residents' Council. She acknowledged only residents of the home should be members of the Residents' Council [s. 56. (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 all members of the Residents' Council are residents of the long-term care home, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(c) a cleaning schedule for the food production, servery and dishwashing areas. O. Reg. 79/10, s. 72 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that there is a cleaning schedule for the food production areas, servery areas, and dish washing areas and that staff comply with this schedule.

Observations made in the Kitchen by Inspector #514 noted:

-Extensive dust on the exhaust fan that extends over the bagged bread and sandwich bags.
-Preparation table with spices and dried food in the sliding door grooves.

-Extensive dust particles attached to the wall above the dishwasher drying counter.

-Heavy dark, greasy soiling on the kitchen floors behind the preparation tables; the dishwasher and dishwasher counters; under shelving; behind the large mixer table and the coffee Bunn-omatic machine.

The Executive Director confirmed that the kitchen was not clean and when she asked a Dietary Aide for a cleaning schedule, an equipment cleaning schedule was provided. The Dietary Aide confirmed that there are no schedules for cleaning of the kitchen. [s. 72. (7) (c)]

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 there is a cleaning schedule for the food production, servery, and dishwashing areas, and that staff comply with this schedule, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's dining and snack service included proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

a) A Personal Support Worker was observed standing to provide Resident # 017 a beverage, at afternoon snack. The Personal Support Worker was approximately 12 inches higher than eye level of the resident, placing the resident at potential choking risk.
The Personal Support Worker indicated that he/she didn't think the resident had a choking risk.
Additionally, the Personal Support Worker indicated he/she was not aware as to whether staff were to be seated at eye level while assisting residents with eating or drinking because if that was the expectation, a chair was not provided for them. The Personal Support Worker stated that he/she had not been provided any education related to safe feeding/assisting residents with eating.

b) A Personal Support Worker was observed standing to provide Resident # 020, a beverage. The Personal Support Worker was approximately 12 inches higher than eye level of the resident, placing the resident at potential choking risk.
The Personal Support Worker acknowledged that she/he was not at a safe height for assisting the resident and immediately sat down after stating she/he should have been seated.

The Acting Director of Care acknowledged that staff are expected to use proper techniques to assist residents with eating, including staff being seated so that they are at eye level to ensure residents are not at choking risk. [s. 73. (1) 10.]

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 the home's dining and snack service included proper techniques to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.

WN #10: 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 are labeled properly and are kept inaccessible to residents at all times.

While accessing the first floor (basement), Inspector #514 observed the following risks, related to hazardous substances being accessible to residents.

The unattended and unlocked laundry room contained 9 x 18.9 Litre pails of hazardous chemicals on the floor of the laundry room, including Clax Extra, Clax Assist, Clax Enhancer, Clax Hypo Concentrate, Clax Valid II, and Clax Launch.

The Acting Director of Care confirmed these observations and indicated that they were a safety risk to residents and needed to be attended to immediately.

The Elevator access on the second floor, providing access to these hazardous chemicals, was locked prior to the inspectors leaving the building, August 14, 2014. [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 at the home are labeled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart, that complies with manufacturer's instructions for the storage of the drugs (e.g. expiration dates, refrigeration, lighting).

a) Government Stock in basement Nursing Supply Room revealed-
Anuzinc, Zinc Sulfate ointment 30 g - 4 tubes expired 03/2014
Fleet Enema 130 ml - 15 enemas expired 03/2014
Glycerin Suppositories - 24 suppositories expired 04/2014.

b) The Nursing Station Drug Room, revealed 5 bottles (10 ml) of Heparin 100 iu/ml, expired in May 2014 and two bottles of sterile water for irrigation (1000 ml), expired in April 2012. These expired medications were confirmed by two registered staff.

c) The Nursing Supply Room in basement, revealed the following:
Anuzinc, Zinc Sulfate ointment 30 g - 4 tubes expired March/2014
Fleet Enema 130 ml - 15 enemas expired March/2014
Glycerin Suppositories - 24 suppositories expired April/2014.

A review of the home's policy Medication/Treatment Standards LTC-G-70-ON, revised February 2012 revealed that the procedure for rotation of stock and checking of expiry dates occurs when a new supply of government stock is received.

The Acting Director of Care indicated that the Registered Staff have been directed to ensure that they check the medications for expiry dates and circle and initial the expiry date on the medication packaging prior to placing it on the medication cart.
The Acting Director of Care and the Executive Director indicated that they were unaware of the expired medications in the Nursing Supply Room in basement. The Acting Director of Care revealed that the home does not currently have a process in place to audit government stock on a regular basis. [s. 129. (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 drugs are stored in an area or a medication cart, that complies with manufacturer's instructions for the storage of the drugs (e.g. expiration dates, refrigeration, lighting), to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 133. Drug record (ordering and receiving)
Every licensee of a long-term care home shall ensure that a drug record is established, maintained and kept in the home for at least two years, in which is recorded the following information, in respect of every drug that is ordered and received in the home:
1. The date the drug is ordered.
2. The signature of the person placing the order.
3. The name, strength and quantity of the drug.
4. The name of the place from which the drug is ordered.
5. The name of the resident for whom the drug is prescribed, where applicable.
6. The prescription number, where applicable.
7. The date the drug is received in the home.
8. The signature of the person acknowledging receipt of the drug on behalf of the home.
9. Where applicable, the information required under subsection 136 (4). O. Reg. 79/10, s. 133.

Findings/Faits saillants :

1. The licensee has failed to ensure that a drug record is established, maintained and kept in the home for at least two years.

Drug records kept in the home for at least two years, were requested.

The home provided Drug Destruction Records from Medical Pharmacies signed by the pharmacist and a Registered Staff member and dated, May 31, 2012, June 27, 2012, August 15, 2012, November 15, 2012, February 28, 2013, and October 22, 2013.
A review of Classic Care Pharmacy, Medication Disposal, Policy Number 5.8, Revision Date, October 2010, revealed that the Medication Destruction Procedure is to include: 5. The completed "Medication Destruction Record Form" filed and retained by the Director of Care in the home for a period of no less than two years.

The Executive Director and Acting Director of Care confirmed that it is the home's expectation that the drug destruction records be kept in the home for at least two years and revealed that the home was unable to provide the complete drug destruction records for the past two years as they could not locate them. [s. 133.]

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 a drug record is established, maintained and kept in the home for at least two years, to be implemented voluntarily.

WN #13: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

a) Observation in a room shared by three residents, an unlabeled slipper pan was noted sitting on the radiator by air conditioner, as well there was an unlabeled wash basin on the radiator under the second window.

These items were verified by the Acting Director Of Care and she confirmed this is not the accepted practice.

b) In a SPA , observation revealed a resident's care item improperly stored.

This was verified by a Registered Practical Nurse.

c) One unlabeled stainless steel washbasin was observed on a shelf, under the sink, in a shared washroom.

The Acting Director of Care confirmed the presence of the unlabeled wash basin and stated that the expectation was that all personal care equipment was to be labeled and stored in each resident's bedside table. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that was on at all times.
A non-functioning call bell was observed in a resident's room. When the Inspector tested the call bell by pulling the string, the call bell was not on and/or did not alert staff.

The Acting Director of Care confirmed the call bell was not functioning and acknowledged that call bells were expected to be on and functioning at all times. She called maintenance and the call bell was fixed immediately. [s. 17. (1) (b)]

Issued on this 27th day of August, 2014

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