



**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
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 15, 2014	2014_189120_0080	H-001417-14	Other

Licensee/Titulaire de permis

BARTON RETIREMENT INC.
1430 UPPER WELLINGTON STREET HAMILTON ON L9A 5H3

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

THE WELLINGTON NURSING HOME
1430 UPPER WELLINGTON STREET HAMILTON ON L9A 5H3

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): December 10, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor (ESS), Director of Care, Food Services Supervisor, laundry and housekeeping staff.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.

- 6 WN(s)
- 3 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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>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 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:**

**1. All doors leading to stairways and the outside of the home other than doors
leading to secure outside areas that preclude exit by a resident, including
balconies and terraces, or doors that residents do not have access to must be,**
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at
the point of activation and,

**A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses'
station nearest to the door and has a manual reset switch at each door. O. Reg.
79/10, s. 9. (1).**

**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).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed
and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up
power supply, unless the home is not served by a generator, in which case the
staff of the home shall monitor the doors leading to the outside in accordance with
the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg.
363/11, s. 1 (1, 2).**

Findings/Faits saillants :

1. The licensee did not ensure that two exit doors leading to the outside of the home were equipped with a door access control system. Two glass fire exit doors, located in the basement dining area were equipped with alarms only. The doors both led to an outdoor space which was not secure and residents could leave the property. The ESS confirmed that the doors were connected to the resident-staff communication and response system located at the nurse's station on 1st floor and were equipped with an audible door alarm. [s. 9(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 ensure that all doors leading to the outside of the home are equipped with a door access control system, to be implemented voluntarily.

WN #2: 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. The licensee did not ensure that floor care and furniture cleaning procedures were developed and implemented for the home.

The licensee's housekeeping and maintenance services manuals were reviewed and neither contained any information for staff regarding the care and maintenance expectations of the various types of flooring material in the home. The existing procedures were dated 2002 and were not in keeping with the home's current practices or addressed current challenges.

A) The housekeeping staff no longer use mop buckets or mop heads for floor cleaning, as outlined in their floor cleaning procedure HSK-IV-07, 08 or 11.

B) Flooring material in resident washrooms consisted of 4-inch ceramic tile and numerous floors showed signs of disintegrating grout. The grout was receded and



stained and according to housekeeping staff, a bristle brush needed to be used after the floor was mopped to try and get the stains out of the grout. Most of their efforts being unsuccessful. The procedures did not have any guidance for staff regarding the maintenance and cleaning requirements for these floors.

C) Resident room floors and closets consisted of hard vinyl tiles and were observed to be poorly cared for. Thirteen rooms on the 2nd floor and eight on the 1st floor were observed to be discoloured (black) due to ground in dirt. The 2nd floor lounge was also observed to be in the same condition. According to the ESS, a floor care program of stripping and re-waxing was in place, being performed by a part time maintenance person, however other priorities took precedent and the home was approximately 6 weeks behind schedule. No procedures were made available to identify how the floors were to be stripped and re-waxed, who was to perform the duties and what the allocated schedules would be.

D) Certain resident closets (i.e 218, 205, 109) were noted to be dusty or had food debris inside and in front of the white chest of drawers located inside. The home's procedure HSK-IV-07 directed staff to clean them only on "deep clean days" (1x per month). The closet floors should be included in a routine whereby they are checked on a frequent basis by all housekeeping staff to ensure that a build-up of dust or debris does not occur.

E) High back comfortable chairs were provided to residents in common spaces and in their rooms. Several chairs in resident rooms (209, 210, 205, 118) were observed to be stained. The type of fabric on the chairs hindered proper cleaning with the disinfectant housekeeping staff were using. According to staff, the chairs required a steam cleaning or power wash to remove the stains. The housekeeping procedures did not have any information regarding the cleaning requirements for these type of chairs, who would clean them and how often. [s. 87(2)(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 procedures are developed and implemented for cleaning of the home, specifically floors and furnishings, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following:

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

- 1. Dealing with,**
 - i. fires,**
 - ii. community disasters,**
 - iii. violent outbursts,**
 - iv. bomb threats,**
 - v. medical emergencies,**
 - vi. chemical spills,**
 - vii. situations involving a missing resident, and**
 - viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).**

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

- 1. Plan activation. O. Reg. 79/10, s. 230 (5).**
- 2. Lines of authority. O. Reg. 79/10, s. 230 (5).**
- 3. Communications plan. O. Reg. 79/10, s. 230 (5).**
- 4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).**

Findings/Faits saillants :



1. The licensee did not ensure that the emergency plans provided for dealing with loss of all of the possible essential services (as listed in section 19(1) of O. Reg. 79/10), chemical spills and community disasters.

Essential services listed under section 19(1) of O. Reg. 79/10 include elevator, heating, lighting, dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system, life support, safety and emergency equipment. Plans that were available for review were very vague regarding loss of heating, loss of water, external air contamination and loss of elevator service.

Plans were not available for any community disaster except a tornado and external air contamination. Other community disasters such as flooding, fire, blizzard/ice storm, road closures and terrorism need to be considered. [s. 230(4)1]

2. The licensee did not ensure that the emergency plans (excluding fire) contained the following four components:

1. Plan activation.
2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities

Plans reviewed that did not have the four components above included loss of heating, loss of water, community disasters (Tornado) and external air contamination. [s. 230(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 emergency plans deal with the loss of essential services, chemical spills and community disasters and that they contain the required four components, to be implemented voluntarily.

WN #4: 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 did not ensure that an activation station connected to the resident-staff communication and response system was located in the 2nd floor lounge located nearest the stairwell door exit in the long corridor. [s. 17(1)(e)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 19. Generators

Specifically failed to comply with the following:

- s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).**

Findings/Faits saillants :



1. The licensee could not establish that they had guaranteed access to a generator within 3 hours of a power failure. No written documentation establishing an agreement between their current electrical contractor and the licensee was available. The home does not currently have a generator on the premises which can maintain the heating system, emergency lighting in hallways, corridors, stairways and exits and essential services including:

- * dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks,
- * the resident-staff communication and response system,
- * elevators and life support, and
- * safety and emergency equipment [s. 19(4)]

WN #6: 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. As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee did not ensure that there were schedules and procedures in place for preventive and remedial maintenance.

The home's maintenance manual was reviewed and noted to be dated May 2003. The information in the manual was very outdated and did not reflect current practices in the home. Routines and schedules were available for some of the major systems in the building, however no procedures were in place for the homes furnishings, floors, walls, windows, doors, sinks, faucets, ceilings, lights, heaters, resident-staff communication and response system, tubs, lifts, beds, shower chairs, exhaust fans and other equipment. Preventive audits were being conducted of various surfaces and equipment in the home, however no written guidelines were available to direct maintenance staff as to their roles and responsibilities, expectations of condition, frequency of preventive maintenance and other pertinent information related to the surface, system or equipment (i.e manufacturer's requirements).

In addition to the maintenance related non-compliance identified during an inspection completed by inspectors on September 30 to October 9, 2014, the following was observed:

1. Exhaust fans were very noisy (rattling or vibrating) in the shower room on the 2nd floor, 2nd floor soiled utility, 121, 212, 106. No procedures had been developed regarding how exhaust fans would be maintained and by whom.
 2. Furnishings such as night tables were observed to be wearing down to raw wood throughout the home. No procedures had been developed regarding how furnishings would be maintained and by whom. [s. 90(1)]
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Homes Act, 2007**

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

Issued on this 15th day of December, 2014

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

Original report signed by the inspector.