



**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**

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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
Jun 4, 2015	2015_236572_0016	O-002038-15	Resident Quality Inspection

Licensee/Titulaire de permis

CROWN RIDGE HEALTH CARE SERVICES INC
106 CROWN STREET TRENTON ON K8V 6R3

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

WESTGATE LODGE NURSING HOME
37 WILKIE STREET BELLEVILLE ON K8P 4E4

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

BARBARA ROBINSON (572), DARLENE MURPHY (103), JESSICA PATTISON (197),
WENDY BROWN (602)

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): May 20 to 22 and May 25 to 29, 2015

A complaint inspection(Log #O-001991-15) and a critical incident inspection (Log #O-002095) were completed concurrently with the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Life Enrichment Coordinator, the Manager of Housekeeping Services, Housekeeping staff, the Manager of Environmental Services, a Maintenance Staff Member, family members and residents. The inspector(s) also toured the home, observed residents' care and services including dining and medication administration, reviewed resident health care records, education records and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
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**



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

5 WN(s)
1 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 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 comply with LTCHA, 2007 s. 15(2)(c) whereby the licensee did not ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The following observations were made during the inspection:

- Room 1- Scrapes on the upper bathroom door.
- Room 2- Chipped paint and gaps in grout as well as sink wall seal, unpainted area behind toilet, gaps in toilet seal along floor, bathroom door scraped.
- Room 3- Gaps in sink wall seal, scratches to bedroom and wardrobe doors.
- Room 5- Dents on bathroom and bedroom door.
- Room 8- Anchor holes in bathroom wall, unpainted area, gaps in linoleum/floor seal in bathroom, scratches and stain wearing away on bathroom and bedroom doors.
- Room 12- Dry wall holes at sink, scratches on bathroom door.
- Room 21- Paint chipped on bathroom radiator.
- Room 31 – Scrapes on closet doors, paint on dresser chipped, large darkened areas on tile floor in bathroom, long marked and chipped narrow strip without a cover between bathroom and hallway.
- Room 33- Flooring in bathroom is discoloured around toilet and at edges.
- Room 45- Large rust coloured stain on bathroom floor, paint chipped on wall.
- Room 50- Upholstery stained on chair in bathroom, scrapes on doors and door frames.
- Room 105- Shelf above sink has missing finish, rough to touch.
- Room 108- Baseboard in bathroom is pulled away from wall at entrance beside doorway.
- Room 110- Shelf above sink is missing edging.
- Room 112- Shelf above sink has missing finish, rough to touch.
- Room 113- Shelf above sink has missing finish, rough to touch.

Not maintaining the home, furnishings and equipment in a safe condition and a good state of repair presents potential risks to the health, comfort, safety and well-being of residents. [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 that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :



1. The licensee has failed to comply with LTCHA, 2007 s. 6 (10)(b) whereby the licensee did not ensure that the resident is reassessed and the plan of care is reviewed and revised when the resident's care needs change or care set out in the plan is no longer necessary.

A review of the healthcare record for Resident #33 indicates that the Resident has multiple comorbidities.

The current care plan for Resident #33 indicates that the Resident has specified medical conditions. The care plan also states that Resident #33 has specified treatments. A progress note from a specified date states that the specified medical conditions for Resident #33 are beginning to improve. In an interview on May 26, 2015, Staff #S102 noted that Resident #33 has specified medical conditions that are difficult to describe and thus evaluate. Resident #33 no longer has the specified treatment as stated in the care plan.

In an interview on May 28, 2015 the DOC confirmed that the plan of care has not been revised to reflect the current status of Resident #33 related to specified medical conditions and specified treatments. [s. 6. (10) (b)]

**WN #3: 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. (2) The licensee shall ensure there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. O. Reg. 363/11, s. 1 (3).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg 79/10, s. 9 (2) whereby the licensee has failed to ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

On May 20, 2015, during the initial tour of the home, the exit/emergency door to a secure courtyard at the end of the "Dundas West" resident unit was easily opened by pushing the door handle; an alarm sounded. Staff did not respond for 6 minutes after which Inspector #602 sought out a staff member to ask about expectations specific to the unlocked door. PSW #S109 was interviewed and advised that the door alarm is on a "bypass" setting because staff may take residents outside on occasion. When the door is on the "bypass" setting, it is not locked but there is an alarm that sounds when the door is opened.

A review of the home's nursing policies "RN Job Routine 11pm - 7am" (Policy No. NPPM: 19.3, last revised on February, 2011) and "Magnetic Door Alarm" (Policy No. NPPM: 4.9, last revised October, 2014) indicates that the policies do not contain information about when the door to the secure courtyard is to be unlocked or locked.

In an interview with the Administrator on May 26, 2015, she acknowledged that the home does not have a policy that deals with when doors leading to the secure outside areas must be unlocked or locked to permit or restrict unsupervised access to the areas by residents. [s. 9. (2)]

**WN #4: 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,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg 79/10, s. 87(2)(d) whereby the licensee did not ensure that procedures are developed and implemented for addressing incidents of lingering offensive odours.

On May 20, 2015, during the initial tour of the home, an odour was identified in the hall outside of a resident room as well as in the bathroom and bedroom areas of the room. Additionally, an odour was identified in the bathroom of another room.

The odours in both rooms were present on daily checks at variable times during the period of May 25- May 28, 2015. The odour in one room was significantly diminished on May 28, 2015, immediately after housekeeping had cleaned the room at 0930 but it was again evident within three hours of the morning cleaning and remained so.

In an interview on May 26, 2015, the Environmental Service Manager (ESM) #S113 advised that odours are usually identified via the "Worx Hub" notification system and addressed individually as required. Once alerted, housekeeping/maintenance staff work to determine the cause of the odour and its source. The ESM #S113 stated that the home's policies and procedures do not contain a process to address lingering odours.

In an interview on May 28, 2015, Housekeeping staff #S108 and Maintenance staff #S107 acknowledged that two rooms had ongoing issues related to odours. The odour in one room was exacerbated by the recent arrival of Resident #9 who has a specific medical condition. The home has plans to remove the flooring in this room by the end of June, 2015, to eliminate the source of the odour. The source of the odour in the bathroom of the other room has not yet been identified.

In an interview on May 28, 2015, the Administrator confirmed that the home does not have a procedure developed and implemented to address lingering offensive odours. She acknowledged awareness of the odours identified. [s. 87. (2) (d)]

WN #5: 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 comply with O. Reg. 79/10 s. 229 (4) whereby the licensee did not ensure that all staff participate in the implementation of the infection prevention and control program through improper storage and labelling practices in shared resident bathrooms.

Throughout the Resident Quality Inspection, May 20-22 and May 25-29, 2015, the following were observed in the residents' shared bathrooms:

- Room 12- Unlabelled bedpan and urine hat stored on back of toilet.
- Room 5- Two unlabelled bedpans and a urine hat stored on back of toilet.
- Room 21- Unlabelled brush with visible hair and unlabelled lipstick.
- Room 113- Unlabelled comb on shelf above sink.
- Room 9- Unlabelled urine hat stored on back of toilet.
- Room 17- Two unlabelled hairbrushes on shelf above sink and an unlabelled toothbrush sitting on sink.
- Room 106- Unlabelled urinal on bar beside toilet.
- Room 112- Unlabelled brush and comb.
- Room 1- Urine hat stored on back of toilet.
- Room 19- Unlabelled urinal.
- Room 103- Unlabelled hairbrushes and unlabelled toothbrush.
- Room 42- Two unlabelled tubes of cream.
- Room 110- Unlabelled comb.

In an interview on May 28, 2015, the DOC acknowledged the risk of the spread of infection posed by the unlabelled items as listed. The DOC noted that each resident has a designated space in their bedside area for the storage of personal items such as bedpans and urine hats. [s. 229. (4)]



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Issued on this 5th day of June, 2015

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

Original report signed by the inspector.