



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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**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
Mar 25, 2014	2014_217137_0008	L-000192-14	Resident Quality Inspection

Licensee/Titulaire de permis

~~WINSTON HALL NURSING HOMES LIMITED
695 BLOCK LINE ROAD, KITCHENER, ON, N2E-3K1~~

*Schlegel Villages Inc.
325 Max Becker DR.
Kitchener, ON N2E4H5*

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

THE VILLAGE OF WINSTON PARK
695 BLOCK LINE ROAD, KITCHENER, ON, N2E-3K1

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

MARIAN MACDONALD (137), JUNE OSBORN (105), NUZHAT UDDIN (532)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): March 10-14 and March 17-18, 2014.

During the course of the inspection, the inspector(s) spoke with General Manager, Assistant General Manager, Director of Nursing Care, Director of Environmental Services, Director of Hospitality and Food Services, Director of Activation, Hospitality Supervisor, RAI-MDS Coordinator, Neighbourhood Coordinators X 2, Wound Care Nurse, IT Consultant, Administrative Assistant, Administrative Coordinator, Family and Resident Councils Representatives, 2 Registered Nurses, 5 Registered Practical Nurses, 7 Personal Care Aides, 2 Dietary Aides, 1 Laundry Aide, 4 Environmental Services Workers, 2 Recreation Aides, Ward Clerk, Physiotherapy Assistant, 5 Family Members and 40+ Residents.

During the course of the inspection, the inspector(s) conducted a tour of all resident home areas and common areas, medication room, laundry room, mechanical room, observed resident care provision, resident-staff interactions, dining service, recreational activities, medication administration, medication storage areas, reviewed relevant residents' clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection.

The following Inspection Protocols were used during this inspection:



**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**

**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
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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
<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 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 failed to ensure that the home, furnishings and equipment are kept



clean and sanitary as evidenced by:

Observations, throughout the RQI, revealed:

- (a) the metal table legs on two main dining room tables had dried food debris on them,
- (b) dining room baseboards had white scuff marks,
- (c) the top of dining room base boards were soiled with a black substance, as well as dirt embedded underneath the base boards at floor level,
- (d) splatters of white and brown debris on the wall beside and under the servery window,
- (e) the servery door had a brown substance on it above the door handle
- (f) the exterior of the Cafe garbage can was soiled, with visible signs of coffee and milk stains
- (g) there was a build-up of dried debris around the exterior of the double sink in the Country Kitchen.

A Registered Staff member confirmed the condition of the base boards and shared the expectation is the base boards, floors, walls and dining room tables should be clean and free from being soiled/scuffed. [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 as evidenced by:

Observations, throughout the RQI, revealed:

(a) 14/15 (93.3%) of resident rooms on Eby Wing, bedroom walls and doors, as well as washroom walls and doors were observed damaged.

(b) Several other doors, walls and radiator covers, throughout the home, such as bedrooms, emergency exits, mechanical rooms, clean utility, Spas, housekeeping, Country Kitchen, activity and dining rooms, hallways, etc., were observed damaged and/or scratched.

(c) 100% of door frames throughout the home (bedrooms, Spas, soiled utility, medication room, chart room, dining rooms, activity rooms, TV lounges, Cafe, etc.) were observed to have chipped paint.

(d) The laminate counter top in Eby Wing TV Lounge/Activity Room, the Country



Kitchen and main servery area were observed to be damaged/loose.

(e) The flooring, at the entrance to the elevator, was observed to be damaged.

(f) The carpet in Newberry Activity Room was observed soiled and frayed.

(g) The wooden armrests of chairs were observed damaged near the front entrance, in Eby TV/Activity Lounge and the entrance to Eby Wing.

(h) The legs of wing back chairs, across from Eby Wing nursing station and near the main floor aquarium, were observed scratched and damaged.

(i) The air intake vents in 13/13 (100%) resident bathrooms and Spa on Eby Wing were observed to be obstructed with dust/lint.

(j) A floor tile, near the hutch in the Country Kitchen, was observed cracked and damaged.

The General Manager confirmed the home is in need of maintenance, including painting and wall repairs, and the bathroom vents were obstructed with dust/lint. He shared the home's expectation is painting and wall repairs be completed and the air intake vents be clean and free from dust/lint. [s. 15. (2) (c)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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.

Findings/Faits saillants :



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

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

Inspector # 137 observed an unlocked and unattended medication cart outside the dining room, in an identified area accessible to residents.

The Director of Care was within close proximity and confirmed that the medication cart was left unlocked and unattended.

She shared the home's expectation is that medication carts are not to be left unlocked and unattended.

During the initial tour on March 10, 2014, Inspector # 532 observed a mechanical room door unlocked in an identified area accessible to residents. A hydrocollator, filled with boiling hot water for heating hot packs, is stored in the mechanical room, an area accessible to residents.

A housekeeping cart, containing cleaning chemicals, was also observed unlocked and unattended in an area accessible to residents.

The General Manager shared the expectation is that the mechanical room door and housekeeping cart should not be left unlocked, unattended and chemicals kept inaccessible to 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 #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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

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) During a review of the Narcotic Count Record Book, on an identified medication cart, it was noted that the 0700 narcotic count sheet was signed by only 1 Registered Staff Member.

Upon further inspection and discussion with a Registered Staff Member, it revealed the Registered Staff Member had not signed the count sheet and had counted the narcotics with another Registered Staff Member, also working the day shift.

The night Registered Staff Member had counted the narcotics independently and left the floor.

The two Registered Staff Members, working the day shift, had not signed the narcotic count sheets the narcotics and both confirmed it.

Both Registered Staff Members signed the narcotic count sheet in the presence of Inspector # 105.

A review of the policy : ID3: Controlled Medication Storage - Last Review Date: June 12, 2013 indicates:

Policy: Medications included in the classification as controlled substances are subject to special handling, storage, disposal and record keeping in the facility in accordance with federal, state and other applicable laws and regulations.

Procedure:

D. At each shift change, a physical inventory of all controlled medications, including the emergency supply is conducted by two licensed nurses and is documented in the narcotic count book by verifying the narcotic count sheets the actual amount of narcotic remaining.



**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**

The Director of Nursing Care confirmed the narcotic drug count is to be completed by two registered staff members, being one from the oncoming and outgoing shifts.

b) During medication administration, it was observed that a Registered Staff Member was signing for medications, prior to administering the medications to the residents. Also, the Registered Staff Member had pre-poured the narcotics and placed them in the resident medication boxes.

A review of policy IIA2: Medications Administration-General Guidelines - Date last reviewed : June 12, 2013 indicates:

Procedure B. Administration

#4. "Medications are administered at the time they are prepared. Medications are not pre-poured.

Procedure C. Documentation

#1 The individual who administers the medication dose records the administration on the resident's Medication Administration Record (MAR) directly after the medication is given.

The Director of Nursing confirmed that medications are not to be signed for prior to administration and medications are not to be pre-poured. [s. 8. (1)]

2. The licensee 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 review of the policy in the Infection Control Manual, Section-Team Member Responsibilities, Subject Transmission of Micro- organisms- Contact Precautions dated February 2013 indicates:

Procedure #2 - A registered team member would set up an isolation station with the required Personal Protective Equipment(PPE) and Alcohol Based Hand Rub(ABHR), at the entrance to the resident's room.

Resident #4948 had a contact precaution sign posted on the bedroom door however, no PPE equipment was observed to be set up at the entrance to the resident's room. It was observed that a bed pan was hanging on the grab bar in the bathroom, a wash



basin sitting on the sink in a bathroom and a soiled linen bag was sitting on the floor, which was confirmed by a Personal Care Aide.

The Director of Nursing Care confirmed that procedure, strategy or system instituted or otherwise put in place, was not complied, with as registered staff do not set up an isolation station outside of a resident's room and supplies are obtained from the clean utility room. [s. 8. (1)]

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

Two bruises were observed on Resident # 4884.

A review of the Wound/Skin Care Policy - Tab 04-78 - Dated September 2013 indicates:

4. On an ongoing basis, the PCA will complete the Skin Assessment, typically on each bath day, and record on the Resident's Flow Sheet if no concerns need to be addressed. If there is a concern, it will be documented using the Twice Weekly Skin Assessment Form and a Skin Assessment Concerns Form will be completed and given to the Registered Team Member.

5. Any redness, bruises, open areas, rashes, scars, etc., will be reported to the Wound Care Nurse or designate using the Skin Assessment Concerns Form.

An interview with a Personal Care Aide confirmed the resident did have a bath on the previous day, the bruising was observed but not reported or documented on the Twice Weekly Skin Assessment Form or Skin Assessment Concerns Form.

Three registered staff members confirmed the bruising had not been reported or documented. The registered staff members shared the expectation is any redness, bruises, open areas, rashes, scars, etc., will be reported to the Charge Nurse and the home's policy had not been complied with. [s. 8. (1) (b)]



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

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, was (b) complied with, to be implemented voluntarily.

WN #4: 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,
(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. There is no documented evidence that there are schedules and procedures in place for routine, preventive and remedial maintenance, specifically related to painting and repairs to damaged areas in the home, such as walls and doors.

The General Manager confirmed there are no schedules and procedures in place for routine, preventive and remedial maintenance, specifically related to painting and repairs to damaged areas in the home, such as walls and doors and shared the home's expectation is there should be schedules and procedures in place for routine, preventive and remedial maintenance, specifically related to painting and repairs to damaged areas in the home, such as walls and doors [s. 90. (1) (b)]



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

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 there are schedules and procedures in place for routine, preventive and remedial maintenance, specifically related to painting and repairs to damaged areas in the home, such as walls and doors, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs remain in the original container or package provided by the pharmacy service provider until administered to a resident as evidenced by:

Observations, during medication administration, revealed a Registered Staff Member was observed pre-pouring a narcotic into an unlabeled medication cup and placed it in the medication box for Resident #1000, inside the medication cart. In addition, the Registered Staff Member was observed pre-pouring narcotics into an unlabeled medication cup and placed it into the medication box for resident #4946, inside the medication cart.

An interview with the Registered Staff Member revealed medications were pre-poured because it takes too long to open the narcotic drawer each time.

The Director of Nursing Care confirmed the medications are not to be pre-poured and drugs did not remain in the original container or package provided by the pharmacy service provider until administered to a resident [s. 126.]



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

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 remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed, to be implemented voluntarily.

WN #6: 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 all staff participate in the implementation of the infection control program as evidenced by:

a) A wash basin was observed to be stored on the washroom floor, under the sink, in an identified resident's room.

A used catheter bag was observed on the back of a toilet, without a protective cap on the connection site.

These observations were confirmed by a housekeeper.

b) A wash basin, containing a white powdery substance, was observed to be stored on the washroom floor, under the sink, in an identified resident's room.

This observation was confirmed by a housekeeper.

c) A wash basin containing a bed pan and a commode splash guard was observed to be stored on the washroom floor, under the sink, in an identified resident's room.

This observation was confirmed by a Personal Care Aide.

An interview with the Director of Nursing Care confirmed:

a) the expected practice is to store wash basins off the floor, preferably in the resident's cupboard, in a shared room, or in the resident's bathroom/cupboard, in a



private room.

b) catheter bags are to be rinsed and stored with a protective cap on the connection site. [s. 229. (4)]

2. Observations, throughout the RQI, revealed:

- (a) an unlabeled toothbrush on the a counter top in the shared washroom, in an identified resident's room,
- (b) an unlabeled used comb on the shelf in Eby Wing spa room,
- (c) a raised toilet seat on the floor under the bathroom sink, in an identified resident's room,
- (d) a feeding strap (to secure adaptive cutlery) was observed hanging on the wall in the dining room and visibly soiled with a white substance

A wash basin was observed sitting on the sink in the washroom and a soiled linen bag was sitting on the washroom floor, in an identified resident's room.

These observations were confirmed by a Personal Care Aide.

An interview with Director of Nursing Care confirmed that there is no policy for the storage of personal care items but shared the expectation is that all personal care items should be labeled and stored in resident's night table, in shared rooms, and in the washroom in private rooms [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 all staff participate in the implementation of the infection control program, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).



Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions, were documented as evidenced by:

(a) A record review for resident #4890 revealed that the resident's health status changed from being frequently incontinent in the last three months to totally incontinent of bowel and bladder.

(b) The resident was reassessed for a continence care product change.

(c) The plan of care had not been revised to reflect the reassessment change.

The RAI Coordinator confirmed that the hard copy of the plan of care and the functional form were not up to date.

The Director of Care confirmed that the resident was reassessed and new interventions were implemented but staff failed to document the resident's interventions and responses to interventions. [s. 30. (2)]

2. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions, were documented, related to repositioning of resident # 4918, as evidenced by:

A review of the repositioning records for resident # 4918 revealed there was missing documentation of the resident's repositioning status as follows:

March 2014 - 3 missing entries

February 2014 - 27 missing entries

January 2014 - 28 missing entries [s. 30. (2)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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

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:

1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee failed to ensure the daily and weekly menus are communicated to the residents as evidenced by:

On March 10, 2014 at 12:05 pm, the daily menu was observed to be posted but the weekly menu posted was not current and was for the the week starting March 3, 2014.

During an interview at 13:05 pm, the Director of Hospitality and Food Services confirmed the current weekly menu starting March 10, 2014, had not been posted, did not coincide with the current daily menu and the updated weekly menu was not communicated to residents. [s. 73. (1) 1.]

Issued on this 25th day of March, 2014

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

Marian C. Mac Donald



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Order(s) of the Inspector Pursuant to section 153 and/or section 154 of the Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

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

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Name of Inspector (ID #) / Nom de l'inspecteur (No) : MARIAN MACDONALD (137), JUNE OSBORN (105), NUZHAT UDDIN (532)

Inspection No. / No de l'inspection : 2014_217137_0008

Log No. / Registre no: L-000192-14

Type of Inspection / Genre d'inspection: Resident Quality Inspection

Report Date(s) / Date(s) du Rapport : Mar 25, 2014

Licensee / Titulaire de permis : Schlegel Villages Inc. WINSTON HALL NURSING HOMES LIMITED 695 BLOCK LINE ROAD, KITCHENER, ON, N2E-3K1 325 Max Becker Dr. Kitchener, ON N2E4H5

LTC Home / Foyer de SLD : THE VILLAGE OF WINSTON PARK 695 BLOCK LINE ROAD, KITCHENER, ON, N2E-3K1

Name of Administrator / Nom de l'administratrice ou de l'administrateur : BRAD LAWRENCE

To WINSTON HALL NURSING HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (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).

Order / Ordre :

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.

The licensee must take immediate action to achieve compliance by:

- (a) ensuring the dried debris is cleaned and removed from the metal dining room table legs in the main dining room.
- (b) ensuring the scuffs and black substance are removed from the baseboards in the main dining room.
- (c) ensuring the white and brown debris are cleaned and removed from the main dining room walls and servery area.
- (d) ensuring the build-up of dirt is removed from the floor under the main dining room baseboards.
- (e) ensuring the dried debris build-up is removed around the exterior of the double sink in the Country Kitchen.

s. 15. (2) Every licensee of a long-term care home shall ensure that, (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee must take immediate action to achieve compliance by:

- (a) ensuring damaged and paint chipped doors, walls, door frames and radiator covers, throughout the home, are repaired and painted.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

- (b) ensuring the laminate counter tops are repaired in the Eby Wing TV Lounge/Activity Room, Country Kitchen and main servery area.
- (c) ensuring the elevator flooring is repaired/replaced.
- (d) ensuring the carpet in the Newberry Activity room is cleaned and repaired.
- (e) ensuring the damaged wooden armrests and legs of identified chairs are repaired.
- (f) ensuring the intake air vents in all resident bathrooms are cleaned and kept free from a build-up of dust/lint.

The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 15(2) (a) and LTCHA, 2007, S.O. 2007, c.8, s. 15(2)(c) to ensure that the home, furnishings and equipment are kept clean and sanitary and c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The plan must include what immediate and long-term actions will be undertaken to correct the identified deficiencies, as well as who will be responsible to correct the deficiencies and the dates for completion.

Please submit the plan, in writing, to Marian C. Mac Donald, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, by email, at Marian.C.Macdonald@ontario.ca by April 11, 2014.

Grounds / Motifs :

1. The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary as evidenced by:

Observations, throughout the RQI, revealed:

- (a) the metal table legs on two main dining room tables had dried food debris on them,
- (b) dining room baseboards had white scuff marks,
- (c) the top of dining room base boards were soiled with a black substance, as well as dirt embedded underneath the base boards at floor level,
- (d) splatters of white and brown debris on the wall beside and under the servery window,
- (e) the servery door had a brown substance on it above the door handle,



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

(f) the exterior of the Cafe garbage can was soiled, with visible signs of coffee and milk stains (g) there was a build-up of dried debris around the exterior of the double sink in the Country Kitchen.

A Registered Staff member confirmed the condition of the base boards and shared the expectation is the base boards, floor, walls and dining room tables should be clean and free from being soiled/scuffed.

(137)

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 as evidenced by:

Observations, throughout the RQI, revealed:

- (a) 14/15 (93.3%) of resident rooms on Eby Wing, bedroom walls and doors, as well as washroom walls and doors were observed damaged.
- (b) Several other doors, walls and radiator covers, throughout the home, such as bedrooms, emergency exits, mechanical rooms, clean utility, Spas, housekeeping, Country Kitchen, activity and dining rooms, hallways, etc., were observed damaged and/or scratched.
- (c) 100% of door frames throughout the home (bedrooms, Spas, soiled utility, medication room, chart room, dining rooms, activity rooms, TV lounges, Cafe, etc.) were observed to have chipped paint.
- (d) The laminate counter top in Eby Wing TV Lounge/Activity Room, the Country Kitchen and main floor servery were observed to be damaged/loose.
- (e) The flooring, at the entrance to the elevator, was observed to be damaged.
- (f) The carpet in Newberry Activity Room was observed soiled and frayed.
- (g) The wooden armrests of chairs were observed damaged near the front



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

entrance, in Eby TV/Activity Lounge and the entrance to Eby Wing.

(h) The legs of wing back chairs, across from Eby Wing nursing station and near the main floor aquarium, were observed scratched and damaged.

(i) The air intake vents in 13/13 (100%) resident bathrooms and Spa on Eby Wing were observed to be obstructed with dust/lint.

(j) A floor tile, near the hutch in the Country Kitchen, was observed cracked and damaged

The General Manager confirmed the home is in need of maintenance, including painting and wall repairs, and the bathroom vents were obstructed with dust/lint. He shared the home's expectation is painting and wall repairs be completed and the air intake vents be clean and free from dust/lint. (137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 30, 2014



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 25th day of March, 2014

**Signature of Inspector /
Signature de l'inspecteur :**

Marian C. Mac Donald

Name of Inspector /

Nom de l'inspecteur : MARIAN MACDONALD

Service Area Office /

Bureau régional de services : London Service Area Office