



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévues le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection				
August 26 & 27, 2010	2010-120-2910-27AUG153909	H-01152 Follow-up to May 26, 2009				
Licensee/Titulaire						
Halton Healthcare LTC Inc., 327 Reynolds Street, Oakville, ON L6J 3L7						
Long-Term Care Home/Foyer de soins de longue durée						
Wyndham Manor Long-Term Care Centre, 291 Reynolds Street, Oakville, ON L6J 3L5						
Name of Inspector(s)/Nom de l'inspecteur(s)						
Bernadette Susnik, LTC Homes Inspector – Environmental Health #120						
Inspection Summary/Sommaire d'inspection						
<p>The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance related to Criterion M2.2 (Quality Management).</p> <p>During the course of the inspection, the above noted inspector spoke with the Supervisor of Housekeeping and Laundry, the Administrator and nursing staff.</p> <p>During the course of the inspection, the inspector conducted a walk-through of resident bedrooms, ensuite washrooms, common areas such as lounge rooms, dining rooms and bathing rooms, utility rooms, storage rooms, serveries, laundry room and reviewed contracts, service reports and other documents.</p> <p>The following Inspection Protocols were used during this inspection:</p> <table><tr><td>Accommodation Services – Laundry</td><td>Accommodation Services – Maintenance</td></tr><tr><td>Accommodation Services – Housekeeping</td><td>Infection Prevention and Protocol</td></tr></table> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>6 WN 6 VPC</p>			Accommodation Services – Laundry	Accommodation Services – Maintenance	Accommodation Services – Housekeeping	Infection Prevention and Protocol
Accommodation Services – Laundry	Accommodation Services – Maintenance					
Accommodation Services – Housekeeping	Infection Prevention and Protocol					

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avvis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régleur envoyé
CO – Compliance Order/Ordre de conformité
WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: LTCHA 2007, S.O. 2007, c. 8, s.15 (2)(c)

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.

Findings:

1. The flooring material in the Oakville upright shower room is in poor condition. The material has bubbled and lifted around the drain and poses a tripping risk. The flooring material has also peeled away from the lower half of the walls in both the shower areas of Trafalgar and Oakville.
2. The flooring material at the entrance to the Bronte dining room has bubbled and lifted, posing a tripping risk.
3. The flooring material is lifting at the transition between the dining room and server area in Palermo dining room. The flooring seam has also split in the Palermo tub room.
4. The flooring material in the Bronte upright shower room is not in a good state of repair. The flooring material is not tight-fitting as it has a hole in it.
5. Standing water was identified over a two day period in all four of the upright shower areas as it appears the floors are not properly designed to allow for water to drain into the floor drains. The pooling water has not been consistently swept into the drains after use as per the home's policy.
6. The flooring material in numerous resident bedrooms and the activity room in the Bronte home area are cracked and/or lifting and cracked. The tiles are loose and a slip hazard in some rooms.
7. The counter tops in the Oakville clean linen room and the soiled utility room in the Bronte home areas were found to be in poor condition. The laminate and particle board comprising the counter tops has split and the particle board has broken apart in several places on the front edge.
8. Water was found to have filled a light fixture located above the shower area in the Oakville upright shower room (electrical hazard). The shower area above it is not water-tight and water leaked down into the light fixture.

Previously issued as Criterion M2.2 on May 26, 2009

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 with s.15(2)(c) in respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. The plan is to be implemented voluntarily.

WN #2: The Licensee has failed to comply with: O. Reg. 79/10, s.89(1)(b)

89(1) As part of the organized program of laundry services under clause 15 (1)(b) of the Act, every licensee of a long-term care home shall ensure that,

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents.

Findings:

1. The quantity of face cloths, hand towels, peri care cloths, pillows and pillow cases were very low in each of the 4 home areas. The available amount stored in areas accessible to staff (in linen rooms) in each home area for immediate use for some of these items was zero between 10 a.m. and 1:30 p.m.
2. A laundered supply of hand towels, bath towels, sheets (top and bottom), pillow cases, face cloths and peri care cloths was not readily available in the home for emergencies or for immediate use when necessary.

Previously issued as Criterion M2.2 on May 26, 2009.

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 with s.89(1)(b) in respect to ensuring that a sufficient supply of clean linen is always available in the home for use by residents. The plan is to be implemented voluntarily.

WN #3: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.15(2)(a)

Every licensee of a long-term care home shall ensure that,

(a) the home, furnishings and equipment are kept clean and sanitary.

Findings:

1. Many resident bedroom floors were noticeably discoloured and had visible traffic patterns. A wax stripping and resealing schedule based on assessed need was not available.
2. All dining rooms had soiled wall surfaces in and around the servery room entrance doors, where soiled dish carts are parked during meal services.
3. Table legs and bases were splattered with visible liquid matter. Some of the chair seats were also soiled in appearance.
4. Food debris and spilled liquids are not cleaned immediately to prevent slip hazards in the dining rooms. Dietary aides were observed working around these spills and left the room after their routines were completed. Housekeeping staff were observed to be cleaning debris and spills from the floors 1 to 1.5 hours after the meal service.

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 with s.15(2)(a) in respect to ensuring that the home, furnishings and equipment are kept clean and sanitary. The plan is to be implemented voluntarily.

WN #4: The Licensee has failed to comply with: O. Reg. 79/10, s.88(1) and (2)

88(1) As part of organized programs of housekeeping and maintenance services under clauses 15(1)(a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken.

(2) The licensee shall ensure that immediate action is taken to deal with pests.

Findings:

Numerous ants were seen in the Trafalgar dining room, on food matter that was left after the breakfast meal. Ants were also seen in a resident room. Reports left by the pest control contractor, over the last few months, indicate that only certain areas (service corridor and kitchen) of the home are being monitored for rodent activity, and not insect activity. Staff of the home did not bring sightings of insect activity to the attention of the pest control contractor or to maintenance staff. Cans of insecticides are used by staff of the home when ants are seen, which is not an approved method of pest control. Records in the home indicate that ants have been identified in the past as problematic on the ground floor.

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 with s.88(1) and (2) in respect to ensuring that an organized preventive pest control program is in place, using the services of a licensed pest controller and that immediate action is taken to deal with pests. The plan is to be implemented voluntarily.

WN #5: The Licensee has failed to comply with: O. Reg. 79/10, s.229(4)

229(4) The licensee shall ensure that all staff participate in the implementation of the program.

Findings:

1. No disinfectant product was identified in any of the 4 upright shower rooms over a 2-day period, indicating that communal equipment was not disinfected between resident use, as required by the home's cleaning and disinfection routines.
2. No disinfectant product was identified in 3 of the 4 soiled utility rooms over a 2-day period. No cleaning or disinfection took place in any of the 4 soiled utility rooms for personal care articles as required by the home's cleaning and disinfection routines.
3. A number of dirty washbasins were noted in resident washrooms. Numerous washbasins were also identified to be stored inappropriately on towel bars.

Previously issued as Criterion M2.2 on May 26, 2009.

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 with s. 229(4) in respect to ensuring that each staff member adheres to the procedures developed for the cleaning and disinfection of personal care articles and communal equipment. The plan is to be implemented voluntarily.

WN#6: The Licensee has failed to comply with: LTCHA 2007, S.O. 2007, c.8, s.84

84. The licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.


Findings:

The housekeeping, laundry, maintenance and infection prevention and control programs have not been monitored, analyzed or evaluated to improve the quality of these programs from year to year. The findings identified with respect to written notifications #1, 2, 3, 4 and 5 are very similar to those identified during an inspection on May 26, 2009.

Previously issued as Criterion M2.2 on May 26, 2009

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 with s.84 in respect to ensuring that the home develops and implements a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. The plan is to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title:	Date:	Date of Report: (if different from date(s) of inspection). 