



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

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

Hamilton Service Area Office  
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HAMILTON, ON, L8P-4Y7  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jun 21, 2011	2011_159/20_0010	Follow up

**Licensee/Titulaire de permis**

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 ou des inspecteurs**

BERNADETTE SUSNIK (120)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, Director of Care, Environmental Services Manager, laundry, maintenance and personal support staff.

During the course of the inspection, the inspector(s) conducted a walk-through of all four home areas, including resident washrooms, soiled and clean utility rooms, linen rooms and the laundry room.

An inspection was previously conducted on August 26 & 27th, 2010 at which time the following Written Notifications were issued on inspection report #2010-120-2910-27Aug153909:

LTCHA s. 15(2)(a) - Housekeeping  
LTCHA s. 15(2)(c) - Maintenance  
LTCHA s. 88 - Quality Improvement Systems  
O. Reg. 79/10 s. 88(1) & (2) - Pest control  
O. Reg. 79/10 s. 89(1)(b) - Sufficient supply of linens  
O. Reg. 79/10 s. 229(4) - Infection Prevention and Control Program

For this inspection, sections 15(2)(a) and 89(1) and (2) have been returned to compliance.

The following Inspection Protocols were used in part or in whole during this inspection:

Accommodation Services - Housekeeping



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Accommodation Services - Laundry

Accommodation Services - Maintenance

Infection Prevention and Control

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Definitions	Définitions
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 84. Every 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. 2007, c. 8, s. 84.**

**Findings/Faits sayants :**

1. The 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 #1-4 in this report are very similar to those identified during inspections conducted on May 26, 2009 and August 26, 2010. The home was requested to develop a voluntary plan of correction for a written notification related to continuous quality improvement under s. 84 of the LTCHA, 2007. The information in that plan states that "an interdisciplinary quality assurance program for the systematic monitoring, analysis and evaluation of the quality of the housekeeping, laundry, maintenance and infection prevention and control program will be established". No other documents could be located at the time of the inspection to support or indicate that this program was ever implemented. The senior management staff available at the time of the inspection, and who were initially involved in the development of the plan indicated that the plan could not be implemented due to a lack of time.

**Additional Required Actions:**

**CO # - 001 was 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. 15. Accommodation services**



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Specifically failed to comply with the following subsections:

- 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).

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**Findings/Faits sayants :**

1. Not all areas of the home are maintained in a safe condition and in a good state of repair. The flooring tiles in approximately 7-10 resident rooms located on the 2nd floor are lifting. The flooring material at the entrance to the servery in the Palermo and Oakville serveries is either ripped or lifting at the transition point.
2. A number of toilets were noted to be running (leaking from tank to bowl).
3. A number of call bell receptacles did not have pull cords, located in resident washrooms, therefore making the activation station difficult to use if necessary.
4. A resident washroom was identified to have black mould growing on a wall, next to the toilet. The wall had been repaired in the past for water damage.
5. 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.
6. A number of resident bedside tables noted to have chipped edges, with particle board exposed.
7. A bed remote was noted to have damaged cording, with wires exposed.

**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.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service**

Specifically failed to comply with the following subsections:

- s. 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,
- (a) procedures are developed and implemented to ensure that,
    - (i) residents' linens are changed at least once a week and more often as needed,
    - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
    - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
    - (iv) there is a process to report and locate residents' lost clothing and personal items;
  - (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
  - (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
  - (d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

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**Findings/Faits sayants :**

An insufficient supply of clean linen (face cloths, hand towels and peri care cloths) are made available in the home for use by residents. The supply of available laundered face cloths, hand towels and peri care cloths was observed to be very low in each of the 4 home areas. All small and large linen carts were checked between 10 a.m. and 1:30 p.m. The Oakville home area had only 4 face cloths and 1 hand towel and no peri care cloths, the Bronte home area had only 1 peri care cloth, Palermo Home area had only 1 peri care cloth and 3 hand towels, Trafalgar had 3 hand towels and 3 peri care cloths. Although some residents had access to a hand towel or face cloth in their rooms, many residents did not. The home has adequate amounts of linen stored in a storage room (accessible only by Environmental Services Manager), the linens are not accessible to residents or staff. The laundry staff do not have laundered linens as a back-up to stock clean linen carts. They must wait for soiled linen to be returned to laundry for processing before they can stock carts for scheduled deliveries to the home areas at 1:30 p.m. [89(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 a sufficient supply of clean linen is always available in the home for use by residents, to be implemented voluntarily.**

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**WN #4: 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 subsections:**

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

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**Findings/Faits sayants :**

1. A number of washbasins, urine measures and urinals were identified in resident washrooms to be dirty, with residues, scale, soapy water, soap scum or evidence of feces or urine stains on them. A personal service worker indicated that the basins are washed in the resident's sink with soap and water and returned under the sink. They do not take them to the soiled utility room where they are to be placed into a designated washer and then disinfected as per the home's protocol.
2. No disinfectant could be dispensed from 3 out of 4 shower cabin units. When tested, no odour of disinfectant or "soap" like substance was apparent and the gauges did not rise. The shower cabins were noted to be wet from use and the home's procedures require that staff disinfect the shower cabins between resident use.
3. No dishwash detergent was available in the Palermo soiled utility room for the dishwasher machine which is required to clean bedpans, urinals and washbasins as per the home's posted procedure.
4. No disinfectant was available to staff in all four conventional shower rooms for the disinfection of communal equipment should it be necessary. No disinfectant was noted in either of the soiled utility rooms in the Oakville home area. Disinfectants that were found in soiled utility rooms were labeled Virex 256 and Hydrogen Peroxide 5 and did not match the required product outlined in the posted cleaning and disinfection procedure which states to use "Virox".

**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 each staff member adheres to the home's infection prevention and control program, to be implemented voluntarily.**

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**WN #5: 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.**

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**Findings/Faits sayants :**



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1. An unsafe condition was noted when the access door to the servery located in the Bronte home area dining room was left wide open. No staff were present at 10:50 a.m. to ensure residents did not wander into the servery. Three steam wells were on and very hot (steam emitted from them).
2. Hydrogen peroxide, a hazardous substance when ingested in large amounts, was identified in two separate resident rooms. The home has identified this substance as a risk to residents and has a policy to ensure that it is not accessible to them.

***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 environment for its residents, to be implemented voluntarily.***

Issued on this 19th day of August, 2011

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

A handwritten signature in cursive script, appearing to read "B. Suaril", is written in the center of a large rectangular box.



**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

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) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2011_159/20_0010
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Jun 21, 2011
Licensee / Titulaire de permis :	HALTON HEALTHCARE LTC INC. 327 REYNOLDS STREET, OAKVILLE, ON, L6J-3L7
LTC Home / Foyer de SLD :	WYNDHAM MANOR LONG TERM CARE CENTRE 291 REYNOLDS STREET, OAKVILLE, ON, L6J-3L5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	SUSIE MACIEL <i>Margaret Bouillon</i>

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To HALTON HEALTHCARE LTC INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
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**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

**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. 84. Every 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. 2007, c. 8, s. 84.

**Order / Ordre :**

The licensee shall prepare and submit a plan that outlines the home's quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the maintenance, laundry and infection prevention and control programs will be developed and implemented. The plan shall be implemented.

The plan shall be submitted to Bernadette Susnik, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th Floor, Hamilton, ON L8P 4Y7 by September 19, 2011.

**Grounds / Motifs :**

1. The 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 #1-4 in this report are very similar to those identified during inspections conducted on May 26, 2009 and August 26, 2010. The home was requested to develop a voluntary plan of correction for a written notification related to continuous quality improvement under s. 84 of the LTCHA, 2007. The information in that plan states that "an interdisciplinary quality assurance program for the systematic monitoring, analysis and evaluation of the quality of the housekeeping, laundry, maintenance and infection prevention and control program will be established". No other documents could be located at the time of the inspection to support or indicate that this program was ever implemented. The senior management staff available at the time of the inspection, and who were initially involved in the development of the plan indicated that the plan could not be implemented due to a lack of time. (120)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Sep 19, 2011



**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  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
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**REVIEW/APEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**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 Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8th floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-760

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

c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Clair Avenue, West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2

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](http://www.hsarb.on.ca).

**Issued on this 19th day of August, 2011**

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

**Name of Inspector /  
Nom de l'inspecteur :**

BERNADETTE SUSNIK

**Service Area Office /**

**Bureau régional de services :** Hamilton Service Area Office