



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

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

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

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 14, 2015	2015_210169_0005	H-002314-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

THE THOMAS HEALTH CARE CORPORATION  
490 Highway #8 STONEY CREEK ON L8G 1G6

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

ARBOUR CREEK LONG-TERM CARE CENTRE  
2717 KING STREET EAST HAMILTON ON L8G 1J3

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

YVONNE WALTON (169), JESSICA PALADINO (586), LESLEY EDWARDS (506)

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## **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): April 21, 22, 23, 24, 28, 29, 30, 2015. The following follow up inspections were also conducted as part of this inspection: H-002098-15, H-002099-15 and H-002100-15.**

**During the course of the inspection, the inspectors observed all care areas, reviewed clinical records, reviewed minutes of meetings and policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Client Care, Food Service and Nutrition Manager, Director of Environmental Services, Manufacturer of call bell response system, Director of Recreation and Leisure, Registered Nursing staff, Personal Support Workers, housekeeping staff, dietary staff, physiotherapy staff, residents and families.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping**

**Accommodation Services - Maintenance**

**Dignity, Choice and Privacy**

**Dining Observation**

**Family Council**

**Food Quality**

**Hospitalization and Change in Condition**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Personal Support Services**

**Residents' Council**

**Responsive Behaviours**

**Safe and Secure Home**

**Skin and Wound Care**



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

9 WN(s)  
5 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2014_190159_0029		586
O.Reg 79/10 s. 72. (2)	CO #001	2014_190159_0029		586
O.Reg 79/10 s. 72. (3)	CO #003	2014_190159_0029		586



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with 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 ensure that furnishings were kept clean and sanitary. In all home areas, the lounge furniture was observed to be soiled with spills including love seat couches and easy chairs. In all dining areas, the dining chairs were observed to be soiled with spills also. The observations were confirmed by interviews with the housekeeping staff. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair. The following were observed during the inspection:

-Call bell cords were not maintained in a good state of repair. On April 22, 2015 call bell cords used in 3 resident rooms were observed to be in poor condition and non functional.

The red button where the resident would press to acquire assistance would stick or would not activate the call system. This was confirmed by interviews with nursing and maintenance staff.

-Ceiling tiles throughout the home were observed with water stains on them. The Oasis room had several missing ceiling tiles due water leakage. The source of the leak was not determined.

-The ceiling in the shower area on the second floor was observed in poor repair. The maintenance manger identified the ceiling had been repaired however, the continued water leakage resulted in the ceiling and plaster to be hanging and damaged with a visible hole.

-The tiled floor and walls in the shower area on the second floor were observed in poor condition with the baseboard area having missing tiles, being visibly soiled and missing grout.

-The shower hose and head on second and third floors were damaged and in poor condition. The original shower hose was not able to be mounted on the base to allow residents' to have a shower, if desired. The shower hose was modified and secured to the adjacent wall preventing it from reaching residents feet when they were in a shower chair. A personal support worker stated they elevated residents in the shower chair to be able to reach the residents feet due to the modified shower hose. The actual shower head was also damaged with missing parts and leaked. This was confirmed with the



Maintenance Manager.

- The light cover in the Oasis room was missing, due to water leakage.
- The exhaust system in the home on all south wings was not functional resulting in lingering odours and no fresh air circulating in the home.
- The shower chairs on second and third floor were observed to be in poor condition. The mesh back was worn and thin with holes in them.
- There was no screen observed on the open window in the resident lounge on first floor.
- Several pieces of furniture in the lounges and dining areas on all home areas were observed to be in poor condition with tears in the fabric.
- Wallpaper in the second floor shower room was observed to be taped with medical tape in an attempt to repair seams coming apart.

All of the above mentioned observations were confirmed with the Maintenance Manager and the Administrator. [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 that ensures (a) 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, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**



**Specifically failed to comply with the following:**

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the resident-staff communication and response system was properly calibrated so that the level of sound was audible to staff. The system had been altered since its installation in 2004 and could not be used by staff as originally intended, designed and approved by the Ministry of Health and Long-Term Care. The original system worked in conjunction with pagers carried by all staff (those with direct resident care responsibilities). Other components of the system also included and still include dome lights to identify where an activated signal originates and these visual dome lights were noted to be fully functional. The system was also intricately tied to the home's door access control system. A breach at a stairwell or perimeter door would activate a pager, giving staff a visual indicator of the location of the breach. Ten rooms were tested by the inspectors, by activating the call bells in both the washroom and at the bedside and it was confirmed they were not audible when activated. The Registered nursing staff identified the call bells and exit door should display on the spectra link phone, used by the registered staff. However, after waiting fifteen minutes and observing the spectra link phones, it was confirmed the call bells and door exits were not mapped to display on the spectra link phones. It was confirmed by the Director of Care and Maintenance Manager, the call bell and door alarms were all mapped to the Environmental Services Manager spectra link phone.

The nursing staff, maintenance staff and the Manufacturer confirmed the rooms call bell system were not audible and the spectra link phones were not programmed correctly. [s. 17. (1) (g)]

***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 that ensures (g)in the case of a system that uses sound to alert staff, is properly calibrated so the that the level of sound is audible to staff, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**





**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**



1. The licensee did not ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv) was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Resident #008 was noted to have two pressure ulcers; one was a stage II pressure ulcer and one was a stage X. The weekly wound assessments were not consistently completed weekly for either wound:

A) The resident's stage II pressure ulcer

- i) in January, completed 0 of the 4 required assessments;
- ii) in February, completed 2 of the 4 required assessments;
- iii) in March, completed 4 of the 5 required assessments.

B) The resident's stage X pressure ulcer

- i) in January, completed 2 of the 4 required assessments;
- ii) in February, completed 2 of the 4 required assessments;
- iii) in March, completed 4 of the 5 required assessments.

The ADOC confirmed that the weekly wound assessments were not completed weekly as required. [s. 50. (2) (b) (iv)]

***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 that ensures (b)a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, (iv)are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council**



Specifically failed to comply with the following:

**s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure a response was provided in writing within ten days of receiving Family Council advice related to concerns or recommendations. A review of minutes revealed concerns were identified by the Council and no response was provided within ten days. The March 2015, minutes identified concerns related to laundry, soiled tables and chairs, parking and painting throughout the home. The licensee had not provided a response in writing to the Council. This was confirmed by the management of the home. [s. 60. (2)]

***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 that ensures if the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing, to be implemented voluntarily.***

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**WN #5: 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).**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that, (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

**s. 90. (3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator. O. Reg. 79/10, s. 90 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was a schedule and procedure in place for preventative maintenance.

Observation of home's resident common areas and tub and shower rooms throughout the inspection revealed that they are in a poor state of repair. Interview with the Director of Environmental Services on April 29, 2015, confirmed that there was currently no schedule or procedure in place for auditing these areas on a regular basis. [s. 90. (1) (b)]

2. The licensee has failed to ensure that all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories were maintained and kept free of corrosion and cracks.

Observation of the second floor tub and shower rooms on April 29, 2015, revealed the following:

-The toilet tank lid on the toilet was missing.

-The caulking around the base of the toilet was cracked and rusted and had several pieces missing.

-There were a significant number of large, deep cracks in the toilet seat. This was also observed on the two home areas on the first floor. [s. 90. (2) (d)]

3. The licensee has failed to ensure that the home's mechanical ventilation systems are functioning at all times.

The second floor tub and shower rooms were malodorous on April 29, and 30, 2015. Observation on April 30, 2015, revealed that the exhaust fans were not functional in the tub and shower rooms on all home areas on the South side of the building, as well as the resident bathrooms on the South wing of the second floor. The vents appeared quite dusty and dirty. The Director of Environmental Services and the Administrator confirmed that the exhaust fans were not functional. [s. 90. (3)]



***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 that ensure there is an organized program of maintenance services under clause 15 (1)(c) of the Act, that ensures (b) there are schedules and procedures in place for routine, preventive and remedial maintenance, that ensure that procedures are developed and implemented to ensure that, (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks, that ensures that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #012 was treated with courtesy and respect and in a way that fully recognized their individuality and respected their dignity. Resident #012 requested to have their bath day changed to accommodate their choices. Resident #012 was told by a Personal Support worker, they could not have their bath day changed. Resident #012 also requested to have their bath time changed. This was not accommodated. The registered staff confirmed the residents request and lack of modification to the schedule to accommodate their choices. [s. 3. (1) 1.]

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**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council**

**Specifically failed to comply with the following:**

**s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a response was provided in writing within ten days of receiving Resident's Council advice related to concerns or recommendations. A review of the January 2015, minutes revealed there were continued concerns related to resident bathrooms being cold. There was no response provided by the licensee. This was confirmed by management. [s. 57. (2)]

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

**Specifically failed to comply with the following:**

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**  
**(a) drugs are stored in an area or a medication cart,**  
**(i) that is used exclusively for drugs and drug-related supplies,**  
**(ii) that is secure and locked,**  
**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**  
**(iv) that complies with manufacturer's instructions for the storage of the drugs;**  
**and O. Reg. 79/10, s. 129 (1).**  
**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

During a review of the medication room on the second floor with the ADOC, it was confirmed that the back up supply of controlled medications prescribed for residents were stored in the locked emergency box (that was not stationary) within the locked medication room. [s. 129. (1) (b)]

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement**

**Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:**

- 1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.**
- 2. The system must be ongoing and interdisciplinary.**
- 3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.**
- 4. A record must be maintained by the licensee setting out,**
  - i. the matters referred to in paragraph 3,**
  - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and**
  - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that the improvements made through the quality improvement and utilization review system to accommodations, care, services, programs, and goods were provided to the resident are communicated to the Family Council. A review of the minutes from 2014 to present were reviewed and there was no inclusion of improvements made by the licensee. This was confirmed by the management team. [s. 228. 3.]

2. The licensee has failed to ensure that improvements made through the quality improvement and utilization review system to accommodations, care, services, program, and goods provided to the residents were communicated to the Residents' Council. A review of the 2014 minutes revealed there were no quality improvements communicated to the Residents' Council. The management team confirmed this. [s. 228. 3.]

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**Issued on this 14th day of May, 2015**

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

**Original report signed by the inspector.**