



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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

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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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
March 18, 2011	2011-120-2938-18Mar183106	H-00634-11 Follow-up to Aug. 10/10
<b>Licensee/Titulaire</b>		
Maryban Holdings Ltd. 3700 Billings Court, Burlington ON L7N 3N6		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Billings Court Manor, 3700 Billings Court, Burlington ON L7N 3N6		
<b>Name of Inspector(s)/Nom de l'Inspecteur(s)</b>		
Bernadette Susnik, Environmental Health #120		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a follow-up inspection to previously issued non-compliance related to housekeeping services.

During the course of the inspection, the inspector spoke with the Administrator, Environmental Services Manager and housekeeping staff. During the course of the inspection, the inspector conducted a walk through of the 5 dining areas, soiled utility rooms, common resident areas, resident rooms and washrooms.

The following Inspection Protocols were used during this inspection:

- Accommodation Services – Housekeeping
- Infection Prevention and Control

Findings of Non-Compliance were found during this inspection. The following action was taken:

**1 WN**  
**1 VPC**

Corrected non-compliance is listed in the section titled "Corrected Non-Compliance" on page 3.

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'exigences 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.

### NON- COMPLIANCE / (Non-respectés)

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
 VPC – Plan of correction/Plan de redressement  
 DR – Director Referral/Régisseur envoye  
 CO – Compliance Order/Ordres de conformité  
 WAO – Work and Activity Order/Ordres: travaux et activités

**WN#1: *The licensee has failed to comply with the MOHLTC 2007, S.O., 2007, c.8, s. 86(2)(b).*** The infection prevention and control program must include;

(b) measures to prevent the transmission of infections.

**Findings:**

- Staff are not adhering to the home's policies and procedures with respect to appropriate glove use (donning gloves just prior to direct care and/or when in contact with visible bodily fluids). Housekeeping staff and personal support workers were identified to be wearing the same pair of disposable gloves for multiple tasks not involving direct care or contact with visible bodily fluids.
- Soiled utility rooms are not designed to support staff in their responsibilities to clean and disinfect personal articles such as bed pans, washbasins, urinals and kidney basins. The rooms located on each home area, are equipped with a hopper and hand sink. The home's policy (CN-C-21-1) requires that staff use the wheelchair washer in these rooms for a weekly deep clean. The wheelchair washer is not an approved or appropriate machine for personal article cleaning. The policy also instructs staff to clean and disinfect the personal articles in the hopper between use. Yet, the soiled utility rooms inspected did not have any disinfectant, soap or cleaning implements available for staff.
- A number of soiled personal articles such as bed pans and washbasins were noted to be stored in identified resident ensuite washrooms. These articles had residues and stains on them which indicate that they were not cleaned and disinfected after use. Some were dusty, indicating infrequent use.

**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 to achieve compliance with respect to ensuring that the infection prevention and control program includes measures to prevent the transmission of infections, to be implemented voluntarily.

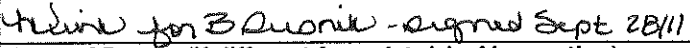
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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'exigences 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.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
MOHLTC 2007, S.O., 2007, c.8, s. 15(2)(a)	WN		2010-171-2938-09AUG143602/H-00003	120

Signature of Licensee of Designated Representative 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).		