



**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
prévue 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**

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
TORONTO, ON, M4V-2Y7
Telephone: (416) 325-9297
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8ième étage
TORONTO, ON, M4V-2Y7
Téléphone: (416) 325-9297
Télécopieur: (416) 327-4486

Public Copy/Copie du public

| Date(s) of inspection/ Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|-----------------------------------|---------------------------------------|
| Jun 8, 10, 2011 | 2011_081113_0001 | Follow up |

Licensee/Titulaire de permis

**SOUTHLAKE RESIDENTIAL CARE VILLAGE
640 GRACE STREET, NEWMARKET, ON, L3Y-2L1**
Long-Term Care Home/Foyer de soins de longue durée

**SOUTHLAKE RESIDENTIAL CARE VILLAGE
640 GRACE STREET, NEWMARKET, ON, L3Y-2L1**

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

JANE CARRUTHERS (113)

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 Administrator, Infection Prevention and Control Lead for the Home, Registered Staff, and Personal Support Workers.

During the course of the inspection, the inspector(s) conducted a walk through the Home including all resident areas and tub and shower rooms, and reviewed Infection Prevention and Control manual, Staff Development Binder, and documentation of Infection Prevention and Control inservices held in the Home.

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

Infection Prevention and Control

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 |



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

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.)

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

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 O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

- s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
- (a) cleaning of the home, including,
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
 - (b) cleaning and disinfection of resident care equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services devices, assistive aids, and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications;
 - (c) removal and safe disposal of dry and wet garbage; and
 - (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits sayants :

1. The following resident care equipment was not cleaned and disinfected after use:

On June 8, 2011 at 10:45am, a blue "carendo" shower chair located in Resident Home Area 4 West shower room was left soiled after use.

On June 9, 2011 at 11:00am, a lift in the Fifth Floor tub room was heavily soiled under the seat.[O. Reg 79/10, s. 87 (2)(b)]

2. The following tubs were not cleaned and disinfected after use:

On June 8, 2011, tubs located in the Resident Home Areas on Four West and Fifth Floors were left soiled after use.

On June 9, 2011, tubs located in the Resident Home Areas on Three West, the Secure Unit, and the Fifth floors were left soiled after use. [O. Reg 79/10, s. 87 (2)(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 all procedures are developed and implemented for the cleaning and disinfection of resident care equipment. This plan is, to be implemented voluntarily.

Issued on this 5th day of July, 2011



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
prévu le Loi de 2007 les
foyers de soins de longue

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

A handwritten signature in black ink that reads "Sue Cawthron". The signature is fluid and cursive, with "Sue" on top and "Cawthron" below it.



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

*prévue 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

**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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor

Telephone: 416-325-9297
1-866-311-8002
Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair ouest, 8th étage
Ottawa ON K1S 3J4

Téléphone: 416-325-9297
1-866-311-8002
Télécopieur: 416-327-4486

| Date(s) of inspection/Date de l'inspection | Inspection No/ No de l'inspection 2011_081113_0001 Log # T - 1300 | Type of Inspection/Genre d'inspection Follow up |
|---|--|---|
| Licensee/Titulaire de permis Southlake Residential Care Village 640 Grace Street, Newmarket, ON, L3Y 2L1 | | |
| Long-Term Care Home/Foyer de soins de longue durée Southlake Residential Care Village 640 Grace Street, Newmarket, ON, L3Y 2L1 | | |
| Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs Jane Carruthers - #113 | | |

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO. | INSPECTION #/ NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|------------------------------|--|-------------------------------------|--|
| O. Reg. 79/10, s. 229 (4) | Order # 001 | 2011_113_2955_10Jan1 04929 | #113 |
| O. Reg 79/10, s. 229 (5) (b) | Order #002 | 2011_113_2955_10Jan1 04929 | #113 |
| O. Reg 79/10, s. 229 (6) | Order #003 | 2011_113_2955_10Jan1 04929 | #113 |

Issued on this 23rd day of June , 2011

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