



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
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 24, + 25, 2011; 2011_159/20_0004; Other

Licensee/Titulaire de permis

BENEVOLENT SOCIETY "HEIDEHOF" FOR THE CARE OF THE AGED
600 Lake Street, St. Catharines, ON, L2N-4J4

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

HEIDEHOF LONG TERM CARE HOME
600 Lake Street, St. Catharines, ON, L2N-4J4

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 an Other inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Environmental Services Supervisor, Registered Nursing, Personal Support and housekeeping staff.

During the course of the inspection, the inspector(s) conducted a walk-through of the home, particularly resident rooms/washrooms, reviewed resident records and policies and procedures related to the home's infection prevention and control measures after identifying several non-compliant issues during a complaint inspection conducted on the same dates (May 24 and 25th, 2011).

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

Table with 2 columns: Definitions, Définitions. Lists abbreviations for WN, VPC, DR, CO, WAO in both English and French.

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. 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).

s. 229. (6) The licensee shall ensure that the information gathered under subsection (5) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 79/10, s. 229 (6).

Findings/Faits sayants :

1. In relation to s. 229(6) - Resident symptoms that are documented by nursing staff, on each shift, are not analyzed daily by one individual to detect for trends or a possible outbreak across all three floors. Symptoms are collected floor by floor, in individual resident charts. The information is not shared daily to a designated individual (Charge Nurse or Director of Care) for evaluation. Staff who want to determine which residents are symptomatic must search for notations made by staff in each individual resident chart.
2. In relation to 229(4) - Housekeeping and personal support staff are not following infection prevention and control strategies as set out by the home with respect to hand hygiene. Housekeeping staff were observed to be wearing gloves for mopping, dusting and general duties during their routines. The home's policies and procedures do not require staff to wear gloves for duties that do not involve direct contact with visible bodily fluids. Personal support staff were observed walking down corridors with gloves on, going from resident room to resident room with the same pair of gloves on. They were also observed to be wearing gloves for general duties such as pushing equipment down the corridor, talking to residents and general resident grooming.
3. In relation to 229(4) - Resident's personal grooming supplies such as hair brushes, combs, deodorants, toothbrushes, washbasins and bed pans are not in keeping with infection prevention and control strategies. Hair brushes, toothbrushes, combs and deodorants were found unlabeled in shared resident washrooms and in tub/shower rooms.
4. In relation to 229(4) - Several personal care items such as washbasins and bedpans were found to be dusty or soiled, stored on a grab bar in the resident's washroom. The home's policies require that these items be cleaned and disinfected in the soiled utility rooms after each use and stored appropriately.

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 staff follow the infection prevention and control program and that symptoms indicating the presence of infection in residents are analyzed daily to detect the presence of infection, to be implemented voluntarily.

Issued on this 6th day of July, 2011



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prévus le Loi de 2007 les
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Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

B. Susmit