



**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 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
performance et de la conformité**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 20, 2014	2014_196157_0003	000284,000 107,001033	Complaint

Licensee/Titulaire de permis

COMMUNITY LIFECARE INC
1955 Valley Farm Road, 3rd Floor, PICKERING, ON, L1V-1X6

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

COMMUNITY NURSING HOME (PICKERING)
1955 VALLEY FARM ROAD, PICKERING, ON, L1V-3R6

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

PATRICIA POWERS (157), MARIA FRANCIS-ALLEN (552)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 21, 22, 23, 2014

The purpose of this inspection was to conduct a complaint inspection of the following logs:

O-000107-13, O-001033, O-000284-13

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Director of Quality Nursing, Environmental Services Manager, Food Service Manager, Clinical Nurse Specialist, RAI Coordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents.

During the course of the inspection, the inspector(s) toured and observed the condition and cleanliness of the physical facility, observed meal service in the main dining room, observed food serving temperatures and procedures for maintaining and monitoring food temperatures, reviewed minutes of the home's Food Committee, observed quantity and quality of linen supplies in resident rooms, care areas and storage areas, reviewed environmental services policies and procedures relating to administration of environmental services and management of linen supplies, reviewed clinical health records of identified residents, observed resident cleanliness and grooming, observed practices and records related to the use of bed/chair alarms, observed staff to resident interactions, observed resident care practices.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Personal Support Services

Findings of Non-Compliance were found during this inspection.



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 O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

- s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,**
- (a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).**
- (b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items;
and
(b) cleaned as required.

During a tour of the home on January 22, 2014 the following was observed in the identified shared resident bathrooms:

- room M14 (2 beds) two denture cups and two toothbrushes not clean, not labelled
- room B22 (2 beds) soap dish with used soap bar not labelled, two denture cups not labelled
- room B7 (2 beds) two toothbrushes not labelled, one hair brush not clean and not labelled
- room B9 (2 beds) three toothbrushes not clean and not labelled, two denture cups not labelled, one hair brush not clean, not labelled
- room B15 (2 beds) two denture cups not labelled
- room L11 (2 beds) two toothbrushes not labelled, two denture cups not labelled
- room L9 (4 beds) three toothbrushes not labelled, two denture cups not labelled
- room L10 (2 beds) two toothbrushes not labelled, two denture cups not labelled
- room L3 (2 beds) used bar soap not labelled, two toothbrushes not labelled
- room P3 (2 beds) two toothbrushes not labelled
- room P9 (4 beds) three toothbrushes not labelled, two denture cups not labelled [s. 37. (1)]

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 residents' personal items are labelled and cleaned as required, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service



Specifically failed to comply with the following:

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, (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents; O. Reg. 79/10, s. 89 (1).

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, (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 O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that a sufficient supply of clean linen, face cloths and bath towels are always available for use by the residents and to ensure that linen, face cloths and bath towels are maintained in a good state of repair.

Related to log #O-000107-13 and #O-001033-13

During a tour of the home on January 21, 2014 the linen supply carts on Maple, Birch and Linden units appeared to have an inadequate linen supply readily available to staff and residents.

During a tour of the home on January 22, 2014 at 1400 hrs the following linen supplies were observed:

- Maple unit (linen room) - no towels, 4 facecloths, 4 pillow cases, no blankets
- Resident rooms: M4 (4 beds) - 1 face cloth, no towels available; M3 (4 beds)- no towels or face cloths available; M14 (2 beds) - 3 face cloths, no towels available; B19 (1 bed) - no towels or face cloths available; B23 (2 bed) - no towels, one face cloth available; B22 (2 beds) - no towels, 1 face cloth available; L19 (2 beds) - 1 face cloth, no towels available; L16 (2 beds) - no towels or face cloths available; L12 (2 beds) - no towels or face cloths available.

Interviews conducted with staff at 1430 hrs related to the availability of linen supplies indicated the following:

- Staff #109 stated that there is not always enough bed linen, bath towels and face cloths available for resident care. Stated that the laundry staff restock the linen cupboards every shift but there are times that nursing staff have to go to the laundry room to request additional linen supplies.
- PSW on Maple unit stated that staff are frequently short of linen to provide resident



care.

- Staff #117 stated that there is a short supply of towels and face cloths especially on the day shift and stated that this concern has been communicated with the home.
- Staff #101 and #102 reported that the availability of linen supplies has been an ongoing concern expressed by staff and residents.

The Administrator and Director of Care stated they are aware of concerns related to linen supplies and are aware that staff are hiding products in residents' rooms for future use. [s. 89. (1) (b)]

2. Related to log #O-000107-13 and #O-001033-13

Interviews conducted with residents at 1320 hrs related to the availability and condition of linen supplies indicated the following:

- Resident #02 stated that occasionally the bed sheet is ripped and that at times the resident has had to wait 1/2 hour to get fresh bath towels and face cloths.
- Resident #03 stated that there are occasions when there are not enough bath towels and face cloths to meet the resident's needs.
- Resident #06 reported always being without a sufficient supplies of towels, face cloths and bed linens and stated that linen is in a poor state of repair. Resident #06 reported showing the linens to staff to demonstrate the poor condition they are in.

There is potential risk of harm to residents and the scope of non compliance is widespread. This non-compliance was previously issued as a Written Notification in September, 2011 and as a Written Notification and Voluntary Plan of Correction in March, 2012. This inspection was related to a complaint received in February, 2013 and a complaint received in October, 2013. [s. 89. (1) (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 to ensure that a sufficient supply of clean linen, face cloths and bath towels are available for use by residents and to ensure that linen, face cloths and bath towels are maintained in a good state of repair, to be implemented voluntarily.



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Issued on this 20th day of February, 2014

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