



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

**Rapport d'inspection
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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ém} étage
Hamilton ON L8P 4Y7

**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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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 14, 16 & 17, 2010	2010-120-9536-15SEP082930	H-01518 Follow-up to April 20, 2009

Licensee/Titulaire

The Regional Municipality of Halton, 1151 Bronte Road, Oakville, ON L6M 3L1

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

Allendale Long Term Care, 185 Ontario Street South, Milton, ON L9T 2M4

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

Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance related to the Ministry of Health and Long-Term Care Program Standards Manual with respect to the following unmet criteria issued on April 20, 2009;

O2.1 (maintenance services), O2.9 (Flooring condition), A1.11 (Residents' Rights), M1.19 (Provision of supplies and equipment), M3.4 (Resident call system), O1.18 (Hot water temperatures), M3.3 (Safety systems) and M3.21 (Infection Control Program).

During the course of the inspection, the inspector spoke with: the acting administrator, acting environmental services supervisor, laundry/housekeeping supervisor, director of care, maintenance and nursing staff.

During the course of the inspection, the inspector conducted a walk-through of the building and inspected many resident bedrooms, washrooms, dining areas, common bathing areas and took light level readings and water temperatures.

The following Inspection Protocols were used:

Safe and Secure Home
Accommodation Services – Maintenance

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

- 7 WN
- 3 VPC
- 1 CO

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 5.

NON-COMPLIANCE / (Non-respectés)
Definitions/Définitions

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

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'exigence 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.

WN #1: The Licensee has failed to comply with: O. Reg. 79/10, S. 9(1)1.(iii).

The licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
 - (iii) equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

Findings:

Stairwell doors throughout the home, where residents have access to them, are not connected to the resident-staff communication and response system and are not connected to an audio visual enunciator that is connected to the nurses' station nearest to the door.

Previously issued as Criterion M3.4 under the MOHLTC Program Standards Manual

WN #2: The Licensee has failed to comply with: O. Reg. 79/10, s. 17(1)(a) and (d)

The 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; and
- (d) is available at each bed, toilet, bath and shower location used by residents;

Findings:

1. The call bell pull stations located in resident washrooms are not all easily accessible to the resident. The pulls were found flat against the wall, beside the toilet tank. **(Previously issued as Criterion M3.3 under the MOHLTC Program Standards Manual)**
2. Call bell pull stations were not available in the common washrooms located on the main floor, across from the café.

WN #3: The Licensee has failed to comply with: O. Reg. 79/10, s.18

The licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained.

Stairways	Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors	Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home	Minimum levels of 215.84 lux
Each drug cabinet	Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position	Minimum levels of 376.73 lux

Findings:

1. The corridor illumination levels were measured to be between 25-200 lux. Levels reached 200 lux directly below the light fixture and dropped to 25 lux or less as the meter was moved away from the fixture.
2. The illumination levels in resident ensuite washrooms were measured to be between 100 to 200 lux in the centre of the room (all light bulbs were noted to be in place and on). Many washrooms had lights that were burnt out.

Previously issued as Criterion O1.18 under the MOHLTC Program Standards Manual.

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 with s. 18 in respect to ensuring that all areas listed in the table above meet the minimum illumination requirements.

WN #4: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 15(2)(c)

Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Previously issued as Criterion O2.1 under the MOHLTC Program Standards Manual.

Findings:

1. Leaking sink fixtures noted in many resident ensuite washrooms.
2. Leaking shower fixtures noted in several resident ensuite washrooms.
3. Toilets noted to be leaking water from the tank into the toilet bowl in many resident ensuite washrooms
4. Toilet seats in many resident ensuite washrooms and in some of the tub rooms were not adequately affixed to the toilet frames. They were very loose and moved side to side.
5. The cold water tap in the soiled utility room in the Trafalgar home area was not functional
6. The cold water tap in the Adams and Petit home area tub rooms were not functional
7. Both the hot and cold water taps in the nursing station in the Bronte home area did not function
8. The hot water tap in the soiled utility room in the Halton home area was not functional
9. The hopper located in the Allen home area soiled utility room was leaking water when flushed at the connections leading to the handle.

Additional Required Action:

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 with s. 15(2)(c) in respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

WN #5: The Licensee has failed to comply with: O. Reg. 79/10, s.13

The licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

Previously issued as Criterion A1.11(4) under the MOHLTC Program Standards Manual

Findings:

1. An identified resident room in the Petit home area did not have a privacy panel on the one side of a bed. The curtain rod was missing.
2. Two resident rooms in the Petit home area did not have any privacy curtains available for one bed in each of the two rooms. The curtain tracks were missing for both.
3. Several resident rooms did not have privacy curtains that could fully enclose the bed. The curtain could not reach the track end, leaving a gap of about 2 feet.
4. A curtain panel was missing for a bed in a resident room in the Trafalgar home area.

WN #6: The Licensee has failed to comply with: O. Reg. 79/10, s.305(3)1

The licensee may not commence any of the following work without first receiving the approval of the Director:

1. Alterations, additions or renovations to the home.

Previously issued as Criterion M3.3 under the MOHLTC Program Standards Manual

Findings:

Two storage rooms and 8 clean utility rooms were converted into office space for staff members without first receiving the approval of the Director. The 2 storage rooms are located on the Petit and Sykes home areas and the clean utility rooms are located in each of the 8 home areas.

Additional Required Actions:

Compliance Order – 001 – Refer to the attached “Orders of an Inspector” form.

WN #7: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 3(1)8

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

Previously issued as Criterion A1.11(4) under the MOHLTC Program Standards Manual.

Findings:

Over 90% of the bathroom doors located within the resident bedrooms do not give the resident the option of full privacy. The doors do not have a handle on the bathroom side of the door and therefore a lock is not available. In many cases, the doors have a towel hung over the top of the door to keep them from banging

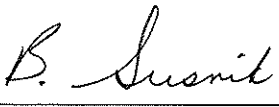


against the magnetic lock that is at the top of the door frame. It was once used by residents for locking purposes. This magnetic lock has since been disengaged and no other locking mechanism has been offered. Most of the residents are required to share the washrooms, where there are two points of entry into the washroom, one from each bedroom. These bathrooms also contain a shower stall, that are used by many residents and most of them do not have full privacy curtains.

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 with s. 3(1)8 in respect to ensuring that all residents are given the right to be afforded privacy in treatment and in caring for his or her personal needs. The plan is to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
MOHLTC Program Standards Manual or Ont. Reg. 79/10	Criterion O2.9 or s. 90(1)(b)		Log #535-2008	120
MOHLTC Program Standards Manual or Ont. Reg. 79/10	Criterion M1.19 or s. 12(1)		Log #535-2008	120
MOHLTC Program Standards Manual or Ont. Reg. 79/10	Criterion O1.18 or s. 90(2)(k)		Log #535-2008	120
MOHLTC Program Standards Manual or Ont. Reg. 79/10	Criterion M3.21 or s. 229(4)		Log #535-2008	120

Signature of Licensee or Representative of Licensee 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). Nov. 12/10	



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

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Name of Inspector:	Bernadette Susnik	Inspector ID #	120
Inspection Report #:	2010-120-9536-18SEP082930		
Type of Inspection:	Follow-up		
Licensee:	The Regional Municipality of Halton, 1151 Bronte Road, Oakville, ON L6M 3L1		
LTC Home:	Allendale Long-term Care, 185 Ontario Street South, Milton, ON L9T 2M4		
Name of Administrator:	Cheryl Raycraft – Acting		

To The Regional Municipality of Halton, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: Ontario Regulation 79/10, s. 305(3)1			
305(3) The licensee may not commence any of the following work without first receiving the approval of the Director: 1. Alterations, additions or renovations to the home.			
Order:			
The following is to be forwarded to the undersigned inspector by the date identified below :			
<ul style="list-style-type: none"> • A written plan or specifications relating to the work that was done to the clean utility rooms and storage rooms within the home, and • Written approval by the local fire marshal indicating that the rooms identified below are satisfactory for occupancy. 			
Grounds:			
Two storage rooms and 8 clean utility rooms were converted into office space for staff members without first receiving the approval of the Director. The 2 storage rooms are located on the Petit and Sykes home areas and the clean utility rooms are located in each of the 8 home areas.			
This order must be complied with by:		November 15, 2010	



Ministry of Health and Long-Term Care

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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

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 25th day of October, 2010.

Signature of Inspector:	
Name of Inspector:	Bernadette Susnik
Service Area Office:	Hamilton 119 King Street W., 11 th floor, Hamilton, ON L8P 4Y7 Fax: 905-546-8255