



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11ième étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Oct 10, 11, 2012, 2012_189120_0003, Complaint

Licensee/Titulaire de permis

BELLA SENIOR CARE RESIDENCES INC.
1000 FINCH AVENUE WEST, SUITE 901, TORONTO, ON, M3J-2V5

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

BELLA SENIOR CARE RESIDENCES INC.
8720 Willoughby Drive, NIAGARA FALLS, ON, L2G-7X3

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 a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the administrator, environmental services supervisor (ESS), food services supervisor (FSS) and non-registered staff regarding the home's maintenance program.

During the course of the inspection, the inspector(s) toured all 6 home area serveries, main kitchen, shower and tub rooms, took water temperatures, reviewed maintenance service reports, maintenance check lists, maintenance contracts, available maintenance policies and procedures, water temperature records and maintenance request logs.(H-000759-12)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 86. Accommodation services programs
Specifically failed to comply with the following subsections:

s. 86. (3) The licensee shall ensure that there are written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the agreement referred to in subsection (2). O. Reg. 79/10, s. 86 (3).

Findings/Faits saillants :

[O. Reg. 79/10, s. 86(3)] The licensee has not ensured that there are written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the agreement referred to in subsection (2).

No policies and procedures were identified in the environmental services binder related to persons who provide occasional maintenance or repair services to the home. The home has several contracts with outside contractors for various services such as pest control, fire safety equipment, refrigeration, cooling & heating and dishwashers. The ESS confirmed that the binder being reviewed by the inspector was the most recent and the administrator reported that she was in the process of reviewing the environmental services binder and was aware that policies for the department were not complete.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services



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
prévues le Loi de 2007 les
foyers de soins de longue

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :



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

1. [O. Reg. 79/10, s. 90(1)(b)] The licensee has not ensured that there are schedules and procedures in place for routine, preventive and remedial maintenance.

In discussion with the Environmental Services Supervisor (ESS) and upon reviewing the environmental services binder, the maintenance program does not consist of any procedures for routine, preventive and remedial maintenance.

A remedial maintenance program is in place and schedules have been developed by the ESS for preventative maintenance checks, however not all of the equipment requiring inspections are on the scheduled list such as steam tables & refrigerators in serveries. As there are no procedures developed, in house maintenance staff may not be conducting appropriate preventive maintenance checks. Some of the equipment is required to have a factory-trained service representative inspect the equipment and others only need a staff member to check simple components. Some of the equipment is maintained and monitored by outside contractors (i.e. dishwashers) and some by in house maintenance staff. No procedures are available to determine what exactly in house staff are to inspect on each piece of equipment for preventive maintenance purposes.

Several ovens in the kitchen appear to have only been serviced when dietary staff reported a malfunction. No preventive maintenance inspection reports could be provided for the Garland and Blodgett ovens. These ovens operate on natural gas and are required by their manufacturers to be inspected annually by a licensed technician.

The Blodgett owner's manual requires that the venting system be annually inspected and that repairs and maintenance be conducted by a Blodgett service company, a factory representative or the Blodgett Oven Company. No records could be provided to indicate that either of the two (upper and lower) Blodgett ovens have been inspected as per the manufacturer's requirements. Records provided show that the ovens were serviced due to disrepair issues and not for adequate venting etc..

The upper convection oven has not been functioning properly since March 1, 2012 when dietary staff reported and documented that the upper convection oven was not heating. In house maintenance staff documented that they checked the upper convection oven each month from January to May 2012 and had not documented that there were any problems. A non-factory representative was hired to review the oven on March 8, 2012. According to the service reports kept by the home, the same technician was also in to review the unit on March 13, April 12 and June 5, 2012. The technician made adjustments/repairs each time but the problem was not resolved. On September 24, 2012, the staff reported to another LTC Homes Inspector that the upper oven was recently serviced but it was still taking 45 minutes to 2 hours to heat up and that maintenance staff are aware of the issue. On September 26, 2012, staff documented that the oven was not achieving the desired temperature after being on "all day". The oven temperature was checked by an in-house maintenance person and they found it to be at an adequate temperature. During the inspection on October 10, 2012, staff reported that the oven is taking over 4 hours to achieve desired temperatures. The environmental services supervisor (ESS) arranged for another service call. On October 11, 2012 a different technician from the same company arrived and identified and resolved the problem immediately. The oven was not kept in good repair for a total of 7 months and alternative repair solutions were not instituted such as contacting a Blodgett factory representative who are available in both Mississauga and Toronto.

2. [O. Reg. 79/10, s. 90(2)(i)] The licensee has not ensured that the procedure developed to ensure that the hot water temperature serving all bathtubs and showers used by residents is implemented to maintain a temperature of at least 40 degrees Celsius.

The Willoughby shower, when tested using a probe thermometer during the inspection was not able to exceed 38C. The hot water was left to run for over 3 minutes with no change in temperature. Upon return on October 11, 2012, the shower room was taken out of service by the ESS as the mixing valve on the unit could not be effectively altered or adjusted to bring the water temperature above the required 40C.

Several staff have documented concerns regarding hot water temperatures fluctuating from very hot to cold between February 2012 and September 29, 2012 in the Willoughby, Legends, The Falls and Orchard's shower rooms. These concerns were followed through by a maintenance person who adjusted the mixing valves. No ongoing monitoring was instituted to ensure that the water temperatures remained between 40C and 49C and that the mixing valves continued to

function as intended.

3. [O. Reg. 79/10, s. 90(2)(k)] The licensee has not ensured that procedures developed to ensure that the water temperature is monitored once per shift in random locations where residents have access to hot water is implemented.

Hot water temperatures were not being monitored once per shift in random locations where staff have access to hot water. The home's "water temperature policy" 4.3.1 dated February 2006 requires that the charge nurse monitor the hot water in random locations and records the date, time and location of the hot water test. This procedure has not been implemented. Random locations throughout the building are not monitored according to the ESS. Only source water temperatures (at the boiler site) have been monitored. A review of the water log from January to September 30, 2012, also revealed that no water temperatures were recorded on any Saturday or Sunday.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

- s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,**
- (a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service;**
 - (b) a cleaning schedule for all the equipment; and**
 - (c) a cleaning schedule for the food production, servery and dishwashing areas. O. Reg. 79/10, s. 72 (7).**

Findings/Faits saillants :

The licensee has not ensured that the home has and that the staff of the home comply with,

- (a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service.

A review of the food services binder with various policies and procedures was conducted. One policy was identified which was titled "Equipment Operating Procedures", revised March 2011. It states that the FSS is to develop operating procedures for all pieces of equipment (related to food production). No instructions for the safe operation and cleaning of equipment related to the food production system such as the slicer, robot coupe mixer or any other piece of equipment could be located. Confirmation was made with the Food Services Supervisor (FSS) that no policies have been developed by herself or that any exist.

A slicer was identified by dietary staff to be unsafe and the condition reported to a LTC Homes Inspector on September 24, 2012. The inspector tested the machine and confirmed that the product tray was difficult to slide across the machine and that the meat grip was difficult to use. Staff reported removing the meat grip in order to slide the product tray back and forth without resistance. The state of the slicer was reported to have been in this condition since July 2012, however no documentation in the maintenance log was made and no reports to a health and safety committee member was made. A new one was ordered on September 10, 2012 and delivered on September 24, 2012.

A plastic cutter bowl for a Robot coupe mixing machine was reported to have been used by staff while cracked and covered in duct tape in February/March 2012. The duct tape on the exterior of the bowl would prohibit adequate cleaning and the cracks may have caused the bowl to split apart while in operation. No documentation could be provided as to whether a staff member reported that state of the cutter bowl, when the cutter bowl had become cracked, when the FSS tagged out the machine to prevent its use and when the cutter bowl was replaced. A report of a noisy robot coupe was reported and documented by dietary staff on June 14, 2012 and replaced by a new machine on June 17, 2012. It is not clear whether or not the damaged cutter bowl continued to be used until June 17, 2012. The ESS reported that he tried to find a replacement cutter bowl but could not provide a date as to when it was actually replaced.



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

Issued on this 29th day of October, 2012

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

B. Susnik

Original signature on Licencee report.