

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

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

Hamilton Service Area Office

Hamilton ON L8P 4Y7

Telephone: 905-546-8294

Facsimile: 905-546-8255

119 King Street West, 11th Floor

ct, 2007 ^Îles foyers de soins de longue durée

Bureau régional de services de Hamilton 119, rue King Ouest, 11iém étage Hamilton ON L8P 4Y7

Rapport d'inspection prévue le *Loi de 2007*

Téléphone: 905-546-8294 Télécopieur: 905-546-8255

	Licensee Copy/Copie du Titulair	e Rublic Copy/Copie Public				
		· · · ·				
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection				
February 9 & 10, 2011	2011-120-2816-09Feb084159	H-00467 Follow-up to April 27/10				
Licensee/Titulaire						
The Bennett Health Care Centre, 1 Princess Anne Drive, Georgetown, ON, L7G 2B8						
Long-Term Care Home/Foyer de soins de longue durée						
The Bennett Health Care Centre, 1 Prince	ss Anne Drive, Georgetown, ON,	L7G 2B8				
Name of LTC Homes Inspector(s)/Nom	de l'inspecteur(s) de les foyer d	le soins de longue duree				
Remarkette Querile - Environmental Health	× #100					
Bernadette Susnik – Environmental Health	Summary/Sommaire d'inspe	ection				
The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance made under the Ministry of Health and Long Term Care Homes Program Standards Manual related to the following unmet criteria:						
 M1.6 (Emergency Contingency Plans) M3.23 (infection prevention and control) O2.1 (Maintenance Services) 						
During the course of the inspection, the above noted inspector spoke with the Administrator, Housekeeping Manager, housekeeping staff and Director of Care. During the course of the inspection, most of the resident rooms, utility rooms, bathrooms, tub rooms, dining room, lounge spaces and activity rooms were inspected.						
The following Inspection Protocols were used during this inspection:						
 Infection Prevention and Control Accommodation Services – Maintenance Safe and Secure Home 						
\square There are findings of Non-Compliance as a result of this inspection. The following actions were taken:						
1 WN 1 VPC						
Corrected non-compliance is listed in the section titled "Corrected Non-Compliance" on page 3.						



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 durée

Definitions/Définitions	E / (Non-respectés)
 WN – Written Notifications/Avis écrit VPC – Voluntary Plan of Correction/Plan de redressement volontaire DR – Director Referral/Régisseur envoye CO – Compliance Order/Ordres de conformité WAO – Work and Activity Order/Ordres: travaux et activitiés 	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le suivant constituer un avis d'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.
Non-compliance with requirements under the <i>Long-Term Care Homes</i> <i>Act, 2007</i> (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.)	Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue dureé</i> à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN#1: The licensee has failed to comply with 86(2)(b). The infection prevention and control program must include,

(b) measures to prevent the transmission of infections. Findings:

- Numerous resident washrooms did not have the resident's personal articles such as urine measures, bedpans or washbasins stored in such a way that they do not become re-contaminated after cleaning, that they do not affect the use of the grab bars and that toilet tanks are kept free of objects (for repair and cleaning purposes). Several rooms were identified to have soiled personal articles over a two-day period.
- The soiled utility room has not been equipped with cleaning and disinfecting supplies for personal articles and other items. The room is being used to store dirty linen (for export to a laundry) and garbage bags. Staff have been instructed to clean personal devices with disinfectant Cavi-wipes. However, no direction has been made to deep clean these articles which can become contaminated in areas that the Cavi wipes cannot reach. A policy or procedure could not be located at the time of the visit, instructing staff on how to clean the personal devices and how often.

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 respect to ensuring that the infection prevention and control program includes measures to prevent the transmission of infections, to be implemented voluntarily.



Ministry of Health and Long-Term Care 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*

Ministère de la Santé et des Soins de longue durée

CORRECTED NON-COMPLIANCE Non-respects à Corrigé					
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #	
O2.1, LTC Homes Program Manual, now found in the LTCHA, 2007, S.O. c.8, s. 15(2)(c) and O. Reg. 79/10 s.90(1)(c)	N/A	N/A	Log #	120	
M1.6, LTC Homes Program Manual, now found in O. Reg. 79/10, s.230(2)(3) & (4).	N/A	N/A	Log #	120	

Signature of Licensee or F Signature du Titulaire du r	Representative of Licensee 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).
		April 4/11