



**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 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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 13, 2015	2015_189120_0079	H-002994-15	Complaint

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
3200 Dufferin Street Suite 407 TORONTO ON M6A 3B2

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

WELLINGTON PARK CARE CENTRE
802 HAGER AVENUE BURLINGTON ON L7S 1X2

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

BERNADETTE SUSNIK (120)

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): October 6, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Supervisor (new to the home) and housekeeping staff regarding various concerns submitted by a complainant regarding housekeeping, laundry, nursing and activation services. Non-compliance was not verified for any of the reported concerns. However, housekeeping issues were identified by the inspector that were not related to the complaint.

During the course of the inspection, the inspector toured several floors of the home, a shower/tub room, dining room and resident rooms, reviewed activation calendars, housekeeping policies and procedures, housekeeping audits and schedules, cleaning supplies and equipment.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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).

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. 87. Housekeeping



Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee did not ensure that procedures were implemented for cleaning of the home, specifically floors and carpets.

A. A tour of resident rooms on 2W (Rose Garden), 1E (Lotus Lane) and 3E (Lilac Lane) and the dining room in Rose Garden revealed flooring material in many rooms (more than 50%) that was visibly discoloured (black) from foot traffic and wheelchairs. The frequency of maintaining the floor as required by the home's floor care procedures dropped over the summer months of July, August or September 2015 which included stripping and re-waxing and regular buffing. According to housekeeping staff, stripping and re-waxing was previously done in the spring and that buffing would be completed on a rotational schedule throughout the year. No buffing had been completed over the summer as the buffer was reported to have been out of service. Very few resident rooms received any stripping or re-waxing this past spring. According to the home's procedures for floor care, buffing would be completed once weekly for low traffic areas and more often in high traffic areas. The buffing would assist in removing the ground in dirt from the top layer of wax removing the black-like discolourations. Floor care procedures required that stripping would be necessary once every 3 years, however in this particular home, it was necessary to strip and re-wax annually due to fewer layers of wax.

B. The carpeting located in the lounge on the 2W or the Rose Garden home area was



very dirty in appearance, with dark stains in high traffic areas. According to the administrator, the carpet was last cleaned 6 weeks prior. According to the carpet care procedures for the home, carpets were to be cleaned regularly or as needed. The lounge in this home area is occupied on a daily basis by both residents and families and would require a minimum of weekly cleaning based on use. [s. 87(2)(a)]

2. The licensee did not ensure that procedures were implemented to address incidents of lingering offensive odours.

Nova policy EC-15-25 titled "Urine Odour" was not implemented to address the actions taken and the reasons for the strong and offensive lingering odours identified in an identified resident room. At the time of inspection, no urine was noted in the bathroom, however urine odour was overpowering and had made it's way to the corridor. According to staff, a pool of urine is often found on the floor beside the toilet but the odour continues to linger long after the urine has been eliminated. The urine odour audit was not completed in this case to determine what measures were trialled, the outcome and other alternatives taken to control the urine odour. During the inspection, it was noted that the flooring material in the bathroom was made of sheet vinyl with a seam running the length of the room. The seam in the toilet area was split. It was suspected that urine had seeped into and under the sheet flooring through the split seam and under the baseboard. A full removal of the flooring would be required to determine extent of urine penetration and possible source of the lingering odour. [s. 87(2)(d)]

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 cleaning procedures are implemented for cleaning of the home, specifically floors and carpets and to address incidents of lingering offensive odours, to be implemented voluntarily.



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Issued on this 16th day of October, 2015

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

Original report signed by the inspector.